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# **THE HEALTH OF ROTHERHAM 1966**

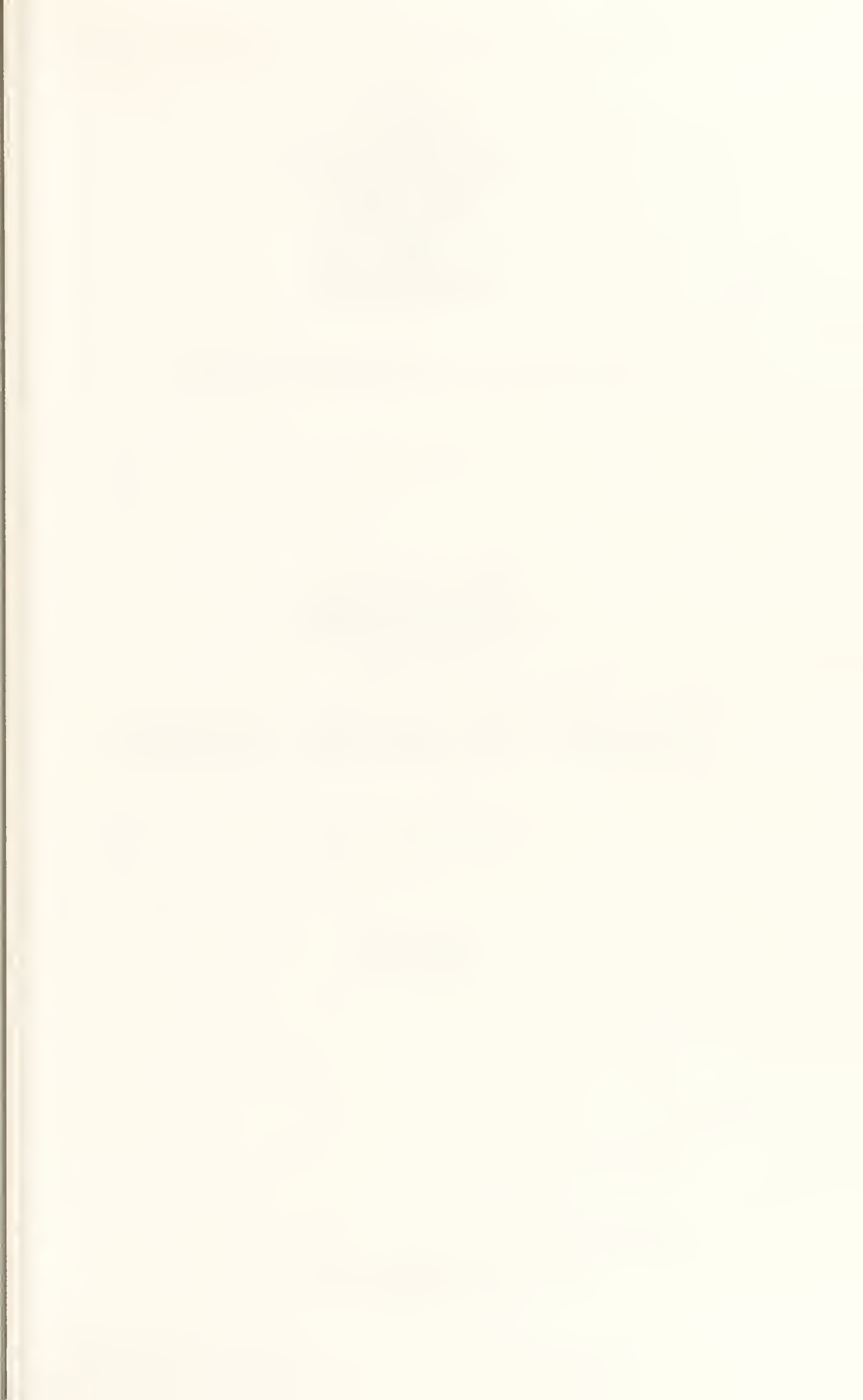


**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
AND  
ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER**



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COUNTY BOROUGH OF ROTHERHAM

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**REPORT**  
BY THE  
**MEDICAL OFFICER OF HEALTH**  
FOR THE YEAR  
**1966**

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# HEALTH COMMITTEE

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## MEMBERSHIP

(as at 31st December, 1966)

HIS WORSHIP THE MAYOR (Councillor P. C. Wright)

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Vice-Chairman : ALDERMAN MRS. E. McNICHOLAS, M.R.S.H.

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ALDERMAN C. DUFFIELD

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COUNCILLOR T. HEATH, J.P.

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(Vice-Chairman)

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COUNCILLOR MRS. J. JOHNSTON, J.P.

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(Vice-Chairman)

ALDERMAN W. BEEVERS

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COUNCILLOR J. FORD

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COUNCILLOR MRS. J. JOHNSTON, J.P.

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ALDERMAN W. BEEVERS	
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COUNCILLOR R. LOMAX	
COUNCILLOR J. E. SHAW	

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ALDERMAN MRS. E. McNICHOLAS, M.R.S.H. (Vice-Chairman)	COUNCILLOR J. FORD
COUNCILLOR K. BARKER	COUNCILLOR MRS. G. ROEBUCK
	COUNCILLOR J. E. SHAW
	COUNCILLOR MRS. D. WIDDOP

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## ROTHERHAM EDUCATION COMMITTEE

(as at 31st December, 1966)

HIS WORSHIP THE MAYOR (Councillor P. C. Wright)

Chairman : ALDERMAN M. W. YOUNG

Vice-Chairman : COUNCILLOR G. MILBURN

ALDERMAN MRS. E. McNICHOLAS, M.R.S.H.	COUNCILLOR A. SHEPHERD
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COUNCILLOR MRS. J. JOHNSTON, J.P.	REV. D. A. GRIFFITHS
COUNCILLOR E. MANNS	REV. G. HOLLIS
COUNCILLOR MRS. G. ROEBUCK	REV. J. J. KEARNS
COUNCILLOR J. ROGAN	MR. A. WYNNE

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Director of Education :  
R. BLOOMER, B.Com.

# STAFF

(as at 31st December, 1966)

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER :

R. J. Donaldson, M.B., Ch.B., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND  
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER :  
J. M. Howell, M.B., B.S., M.R.C.S.,  
L.R.C.P., D.C.H., D.P.H.

ASSISTANT MEDICAL OFFICERS OF HEALTH AND  
SCHOOL MEDICAL OFFICERS :

D. W. G. Brady, M.B., Ch.B.  
Mary Jackson, M.B., Ch.B., D.L.O.  
F. B. G. Wood, M.B., Ch.B.

PRINCIPAL DENTAL OFFICER :

H. R. Heald, L.D.S.

DENTAL OFFICERS :

Joan H. Egan, B.D.S., L.D.S.  
J. O. Lofthouse, L.D.S.  
G. W. Lowe, L.D.S.  
Isabel L. Ross, B.D.S.  
Joyce Stocks, L.D.S.

EDUCATIONAL PSYCHOLOGIST :

T. Lec, B.A.

CHIROPODIST (part-time) :

L. Aldam, M.Ch.S., S.R.Ch.

SPEECH THERAPIST :

Miss M. Wareing, L.C.S.T.

PHYSIOTHERAPIST (part-time) :

P. J. G. Nightingale, M.C.S.P.

CONSULTING STAFF (part-time) :

OPHTHALMOLOGY :

T. Stafford Maw, M.B., Ch.B., D.O.M.S.  
S. K. Bannerjee, M.B., B.S., D.O.  
N. M. Watters, M.B., Ch.B.

EAR, NOSE AND THROAT :

Romola D. Dunsmore, M.B., B.S., F.R.C.S.

PSYCHIATRY :

K. D. Hopkirk, L.R.C.P., M.R.C.S.,  
D.P.M.

OBSTETRICS AND GYNAECOLOGY :

D. Ballantine, M.B., Ch.B., F.R.C.S.,  
F.R.C.O.G., L.M.

TUBERCULOSIS :

A. C. Morrison, M.D., D.P.H.

ORTHODONTICS :

J. H. Gardiner, B.D.S., L.D.S.(Manch.)

ORTHOPAEDICS :

P. Majumdar, F.R.C.S.

PUBLIC ANALYST (part-time) :

H. Childs, B.Sc., F.R.I.C.

LAY ADMINISTRATIVE OFFICER :

G. H. Biggin

SENIOR CLERK :

G. T. Longden

MEDICAL OFFICER OF HEALTH'S SECRETARY :

Miss J. Caseldine

GENERAL OFFICE : CLERICAL STAFF :

Six Clerks

CHIEF PUBLIC HEALTH INSPECTOR :

L. Eastwood, M.A.P.H.I., A.M.Inst.P.C.,  
(1), (2), (3), (4).

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR :

T. E. Snape, M.R.S.H., (1), (2).

**PUBLIC HEALTH INSPECTORS :**

H. Finch  
G. C. Harrison, M.A.P.H.I., (2).  
W. James  
K. Jones, M.A.P.H.I., (1), (4).  
(Three Vacancies)

**PUBLIC HEALTH INSPECTOR'S SECTION :**

Three Pupil Health Inspectors  
Three Clerks  
One Technical Assistant  
One Disinfecter (one vacancy)  
One Ratcatcher

**QUALIFICATIONS :**

- (1) Certificate, Meat and Other Foods Inspector
- (2) Certificate, Smoke Inspector
- (3) Testamur, Institute of Public Cleansing (Honours)
- (4) Building Construction Certificate

**SUPERINTENDENT HEALTH VISITOR :**

Miss E. G. Taylor, S.R.N., S.C.M.

**DEPUTY SUPERINTENDENT HEALTH VISITOR :**

Miss E. Keeton, S.R.N., S.C.M.

**HEALTH VISITOR/SOCIAL WORKER :**

(Vacant)

**HEALTH VISITORS :**

Miss M. Fleming, S.R.N., S.R.F.N., S.C.M.  
Miss G. Gorman, S.R.N., S.C.M.  
Miss E. M. Jeffs, S.R.N., S.C.M.  
Mrs. R. McHugh, S.R.N., S.C.M.  
Mrs. A. B. Payling, S.R.N., S.C.M.  
Miss S. M. Savidge, S.R.N., S.C.M.  
Mrs. G. J. Spearing, S.R.N., S.C.M.  
(Six vacancies)

**SCHOOL NURSES :**

Mrs. E. M. Catley, S.R.N.  
Miss F. M. Clark, S.R.N.  
Mrs. M. Gaskell, S.R.N., S.C.M.  
Mrs. M. Hunton, S.R.N.  
Mrs. M. Leeson, S.R.N., S.C.M.  
Mrs. M. Mossman, R.S.C.N.  
Mrs. E. A. S. Hoyle, S.R.N., S.C.M.  
(Part-time)

**CLINIC NURSES :**

Miss S. Greenway, S.R.N.  
Mrs. J. Kirby, S.R.N., R.S.C.N.  
Mrs. M. Measures, S.R.N.  
Mrs. F. M. Buxton, S.R.N. (Part-time)  
Mrs. P. A. Chapman, S.R.N. (Part-time)  
Mrs. A. Ketton, S.R.N. (Part-time)  
Mrs. J. Marshall, S.R.N. (Part-time)  
Mrs. M. Maher, S.R.N. (Part-time)  
Mrs. A. Naylor, S.R.N., R.S.C.N.  
(Part-time)  
Mrs. V. Pingree, S.R.N. (Part-time)  
Mrs. S. Sanderson, R.S.C.N. (Part-time)  
Mrs. J. D. Williamson, S.R.N.  
(Part-time)

**MATERNITY AND CHILD WELFARE SECTION :**

**SENIOR CLERK :**

Miss N. H. Platts  
Seven Clerks

**WELFARE FOOD SHOP :**

One Shop assistant (full-time)  
Three Shop assistants (part-time)

**SCHOOL HEALTH SECTION :**

**SENIOR CLERK :**

Miss W. M. Cooper  
Five Clerks  
Two Dental Clerks  
Six Dental Attendants  
Two Dental Technicians

**HOME NURSING SERVICE :**

**SUPERINTENDENT :**

Miss V. M. McCarthy, S.R.N., S.C.M.,  
Q.N.

**DEPUTY SUPERINTENDENT :**

Miss B. M. Colton, S.R.N., S.C.M., Q.N.  
Twenty Nurses (full-time)  
Four Nurses (part-time)

**HOME HELP SERVICE :**

**HOME HELP ORGANISER AND**

**GERIATRIC SOCIAL WORKER :**

Mrs. R. E. Wales, M.I.H.H.O., A.I.S.W.



DEPUTY HOME HELP ORGANISER :

Mrs. G. Stevenson, M.I.H.H.O.  
179 Home helps (part-time)  
Six Visitors (full-time)  
One Visitor (part-time)

OCCUPATIONAL THERAPIST :

Mrs. K. Birkinshaw

HANDICRAFT ASSISTANT :

Mrs. J. Cox

SENIOR CLERK :

Miss S. Handley-Street  
Two Clerks  
Three Clerks (part-time)

DISTRICT MIDWIVES SERVICE :

NON-MEDICAL SUPERVISOR OF MIDWIVES :

Mrs. I. McGann, S.R.N., S.C.M.

ASSISTANT TO NON-MEDICAL SUPERVISOR OF  
MIDWIVES :

Mrs. G. Hewitt, S.R.N., S.C.M.

DISTRICT MIDWIVES :

Mrs. P. M. Abbott, S.R.N., S.C.M.  
Mrs. R. Addison, S.C.M.  
Mrs. H. M. Clarke, S.R.N., S.C.M.  
Mrs. N. Edwards, S.C.M.  
Mrs. B. Ellis, S.C.M.  
Mrs. E. M. Hardman, S.C.M.

DISTRICT MIDWIVES—*contd.* :

Mrs. E. Hawley, S.C.M.  
Mrs. M. Hughes, S.C.M.  
Miss E. D. Jeyes, S.C.M.  
Miss J. Pass, S.C.M.  
Mrs. P. A. Peace, S.R.N., S.C.M.  
Mrs. J. M. Rowan, S.C.M.  
Mrs. I. Williams, S.C.M.  
(One vacancy)

MENTAL HEALTH OFFICER :

W. R. Sidaway, D.M.H.

ASSISTANT MENTAL HEALTH OFFICERS :

K. Coxon  
Mrs. M. D. Day  
N. Kell, S.R.N., R.M.N.

JUNIOR TRAINING CENTRE :

SUPERVISOR :

Mrs. V. Redfern

DEPUTY SUPERVISOR :

Mrs. F. Crossley  
Two Assistant Supervisors (female)

ADULT TRAINING CENTRE :

ACTING SUPERVISOR :

E. Harcourt  
Two Assistant Supervisors (female)

HEALTH DEPARTMENT,  
MUNICIPAL OFFICES,  
ROTHERHAM.

Telephone : 2121

TO THE CHAIRMEN AND MEMBERS OF THE HEALTH AND EDUCATION  
COMMITTEES OF THE COUNTY BOROUGH OF ROTHERHAM

I have pleasure in submitting the report on the health of Rotherham for 1966.

The estimated mid-year population of the County Borough was 86,970. The birth rate per thousand population for the year was 18.47 compared with 18.65 in 1965 and the death rate was 11.08 compared with 10.97 in 1965.

Thirty-eight infants under one year died in the County Borough during the year and 14 of these were premature babies, the infantile mortality rate being 23.66 as compared with 15.44 in 1965.

A glance at the statistics for the deposit gauges for the past five years can hardly give one grounds for believing that the problem of industrial atmospheric pollution is going to be solved for many years if the present rate of progress is continued.

Fortunately the householder has appreciated the importance of smoke control in residential areas and we are making rapid progress with the active co-operation of residents in the establishment of smoke control areas. Nearly one third of the houses in the Borough should soon be smokeless. On the other hand action by industry to reduce discharge into the atmosphere of pollutants has been disappointingly slow. Many of the offenders are under the control of the Alkali Inspectorate, who seem to take a curious pride in the fact that they have not taken a prosecution in the last thirty years.



What is urgently needed is greater public reaction against the "air sewer" in which we live. The citizens of Rotherham must not believe the old Yorkshire saying, "Where there's muck there's money." We must clear our minds of such erroneous notions for, although muck there is in plenty, the money has drifted to greener pastures to provide more for those with abundance.

There were 857 cases of measles notified as compared with 741 in the previous year. No deaths occurred from the disease and 13 cases were treated in hospital. There was a decrease in the number of cases of scarlet fever notified, 51 cases as compared with 111. Six cases of food poisoning were notified and three received treatment in hospital. There were 29 cases of puerperal pyrexia as against 37 in 1965 and 45 cases of whooping cough were notified as against 77 in 1965, one case being admitted to hospital. There were no cases of paratyphoid fever notified but two cases of typhoid fever were reported. There was no case of poliomyelitis during the year.

B.C.G. vaccination against tuberculosis was continued for the 13 plus age group. Of 1,283 children of this age attending school in the County Borough, consent was received from the parents of 1,074, an acceptance rate of 83.71 per cent. As a result of the Mantoux tests 1,043 children were subsequently vaccinated during the year with B.C.G. The percentage of children tested who were positive was 17.07 per cent and 179 children received B.C.G. vaccination in 1966 under the B.C.G. scheme for contacts. Of these, 37 were done during their stay in Listerdale Maternity Home, the remainder were given at the Chest Clinic. Two babies were admitted to Oakwood Grange Nursery for a period of isolation following B.C.G. vaccination. Some 8,263 doses of Sabin oral poliomyelitis vaccine were administered by the end of the year.

The 558 maternity cases delivered on the district represented 34.6 per cent of the total confinements for the County Borough. The number of maternity cases delivered on the district has been falling steadily for the past few years, whereas the number of cases requiring nursing care only has increased. If this trend is to continue, and there is certainly evidence that it will, then a fresh look is needed at the work-content of the district midwife's load, because already in many cases she is functioning at a level below her competence and training. Two possibilities immediately come to mind. One is to replace some of the midwives by less skilled staff and the other is to allow the domiciliary midwives into hospital to do deliveries.

During 1966, 2,097 cases were nursed by the Home Nursing Service, which is 22 more than the previous year, and a total of 66,341 visits were paid to these patients, which represents an average of 181.8 daily visits paid to sick people by home nurses during the year. The Children's Nursing Unit attended 206 cases, which was an increase of 46 cases.

Some indication of how thinly the Home Help Service is spread can be gleaned from the fact that the average number of hours given per week for one case is three. This is made possible by the intelligent use of relatives who are often organised on a rota system to help to care for old people with the home help playing her part in the system.

Mention has been made in previous years of the close integration of the home help and home nursing services and this is now taken a stage further by the Home Help Service assuming the responsibility for the bathing and elementary nursing care of old people. All the home helps now in service have had a course of training in, amongst other things, elementary home nursing, so that they can now apply their recently taught skills.

Alteration to the hours at the senior training centre and the reduction of holidays to public and bank holidays only has meant that the centre has now taken on the atmosphere of a workshop, because the variety of work has increased and the quantities now turned out under contract represent a sizable amount. When the new centre is ready for occupation shortly, this should make conditions of work very much better.

Much has been written about the screening clinics held in Rotherham during the past few years and this report contains a brief factual account of our latest venture. Knowledge is being acquired and attitudes changing at such a rate that often before one can get into print the information about screening services is out of date. It is, however, apparent to us that we have almost reached the end of the present stage of development and that if we are to continue logically we should use the experience we have gained to start on the second phase. This would entail much closer association with general practice, the use of fully automated procedures and the introduction of an appointment system with those attending taking all the tests for which they are eligible in a set sequence. It is hoped that our next clinic will include at least some of these features. The third stage, which is a long term one, is to provide a service in purpose built premises and available throughout the year. By this time the facilities would be available to persons on local general practitioner lists so that the family doctor could have, at agreed intervals, a "health screening profile" of each of his patients. It is important also that at

this stage there should be a built-in method of evaluation, which could be more easily done if the service were provided for "a captive group". These are the broad lines on which one sees the service developing, with the continuing support of the Health Committee and the various disciplines of the profession.

The last paragraph in this introduction is always devoted to acknowledgments and thanks to various people for their help throughout the year. Repetition, however, in this case does not denote insincerity. One must acknowledge first of all the consistent work done by members of this Department and the help received from other Corporation Departments. In the case of the School Health Service particular mention should be made of the close working arrangement there is with the Education Department. We are most grateful for the continued close liaison with the general medical practitioners and hospital staff. The occasion also gives the opportunity to thank the Chairmen and members of the Health and Education Committees for their help and guidance at all times, both in committee and outside it.

R. J. DONALDSON,

Medical Officer of Health and Principal School Medical Officer.

# STATISTICS OF THE AREA

## GENERAL STATISTICS

Area (in acres)	....	....	....	....	....	....	....	9,255
Population (census) 1961	....	....	....	....	....	....	....	85,346
Population (estimated civilian) 1966	....	....	....	....	....	....	....	86,970
Number of inhabited houses	....	....	....	....	....	....	....	29,048

## VITAL STATISTICS

Live Births (836 Male, 770 Female)	....	....	....	....	....	....	....	1,606
Live birth rate per 1,000 population	....	....	....	....	....	....	....	18.47
Adjusted birth rate per 1,000 population (area comparability factor 0.99)	....	....	....	....	....	....	....	18.28
Illegitimate live births	....	....	....	....	....	....	....	120
Illegitimate live births per cent of total live births	....	....	....	....	....	....	....	7.47
Still Births	....	....	....	....	....	....	....	39
Still birth rate per 1,000 live and still births	....	....	....	....	....	....	....	23.71
Total live and still births	....	....	....	....	....	....	....	1,645
Infant deaths (Deaths under 1 year)	....	....	....	....	....	....	....	38
Infant Mortality Rate per 1,000 live births—Total	....	....	....	....	....	....	....	23.66
"    "    "    "    "    "    "    —Legitimate	....	....	....	....	....	....	....	24.22
"    "    "    "    "    "    "    —Illegitimate	....	....	....	....	....	....	....	16.66
Neo-natal Mortality Rate (Deaths under 4 weeks per 1,000 total live births)	....	....	....	....	....	....	....	15.57
Early Neo-natal Mortality Rate (Deaths under 1 week per 1,000 total live births)	....	....	....	....	....	....	....	13.7
Perinatal Mortality Rate (Still births and deaths under 1 week combined per 1,000 total live and still births)	....	....	....	....	....	....	....	37.08
Maternal Mortality (including abortion)	....	....	....	....	....	....	....	1
Maternal Mortality rate per 1,000 live and still births	....	....	....	....	....	....	....	0.6
Deaths (564 Male, 400 Female)	....	....	....	....	....	....	....	964
Death rate per 1,000 population	....	....	....	....	....	....	....	11.08
Adjusted death rate per 1,000 population (area comparability factor 1.19)	....	....	....	....	....	....	....	13.18



The following table gives details of birth rate, death rate, infantile mortality rate and estimated population during the last 50 years.

Year	Birth Rate	Death Rate	Infantile Mortality Rate	Estimated Population
1917	24.79	13.90	97	65,300
1918	24.91	19.61	132	65,300
1919	22.75	13.19	91	72,800
1920	27.77	11.45	100	72,800
1921	28.54	13.13	86	68,045
1922	25.45	12.06	86	69,100
1923	23.85	11.30	100	70,000
1924	23.88	12.75	96	70,260
1925	22.27	11.74	83	70,300
1926	21.82	10.34	65	70,600
1927	20.76	13.46	90	70,080
1928	19.05	10.58	71	70,530
1929	20.01	12.13	83	70,790
1930	18.72	10.50	74	70,390
1931	18.18	12.03	92	70,130
1932	18.11	11.15	70	69,820
1933	16.53	12.06	84	69,370
1934	17.30	10.30	49	68,900
1935	17.01	11.53	69	68,700
1936	16.98	11.98	71	74,965
1937	16.99	11.42	50	75,740
1938	17.82	10.54	52	76,430
1939	16.88	10.86	53	76,960
1940	18.01	12.39	62	75,740
1941	17.86	11.43	66	75,770
1942	18.08	10.31	50	75,040
1943	18.81	12.12	65	74,250
1944	23.28	11.68	60	75,260
1945	20.09	11.73	56	75,630
1946	22.49	10.96	51	78,610
1947	23.87	10.86	57	79,920
1948	20.11	10.50	70	81,450
1949	18.69	10.63	53	82,030
1950	17.44	10.33	50	82,800
1951	17.61	11.91	28	81,670
1952	16.25	10.46	32	81,800
1953	16.16	10.10	32	82,070
1954	16.50	10.68	22	82,260
1955	16.02	11.00	26	82,530
1956	17.22	10.58	24	82,850
1957	16.95	10.83	25	83,350
1958	18.04	11.20	22	84,030
1959	17.35	11.08	21	84,560
1960	18.31	10.96	20	85,070
1961	18.12	11.14	30	85,440
1962	18.80	11.76	28	86,220
1963	19.20	11.24	27	86,660
1964	19.77	10.73	22	86,510
1965	18.65	10.97	15	86,780
1966	18.47	11.08	24	86,970

In the following table the causes of death at different periods of life, as supplied by the Registrar-General, with death rates, are given for the year :

Cause of Death	Sex	Total All Ages	Under four weeks	Four weeks and under one year	Age in Years										Death Rate per 1,000 Pop.
					1	5	15	25	35	45	55	65	75		
1. Tuberculosis, respiratory	M	4	-	-	-	-	-	-	-	-	-	2	2	-	.05
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
3. Syphilitic disease	M	1	-	-	-	-	-	-	-	-	-	-	-	1	.01
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other infective and parasitic diseases	M	1	-	-	-	-	-	-	-	-	-	-	1	-	.01
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
10. Malignant neoplasm, stomach	M	12	-	-	-	-	-	-	1	1	4	6	-	-	.22
	F	7	-	-	-	-	-	-	1	-	-	-	6	-	
11. Malignant neoplasm, lung bronchus	M	43	-	-	-	-	-	-	-	9	18	14	2	-	.50
	F	1	-	-	-	-	-	-	-	-	-	1	-	-	
12. Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-	.15
	F	13	-	-	-	-	-	2	1	4	4	2	-	-	
13. Malignant neoplasm, uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	-	.05
	F	4	-	-	-	-	-	-	1	3	-	-	-	-	
14. Other malignant and lymphatic neoplasms	M	46	-	-	-	-	3	1	2	3	16	15	6	-	.92
	F	34	-	-	-	-	1	1	1	1	8	10	12	-	
15. Leukaemia, aleukaemia	M	3	-	-	-	-	1	-	-	-	-	-	1	1	.04
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
16. Diabetes	M	2	-	-	-	-	-	-	-	-	1	-	1	-	.05
	F	2	-	-	-	-	-	-	-	-	2	-	-	-	
17. Vascular lesions of nervous system	M	73	-	-	-	-	-	-	-	4	11	23	35	-	1.56
	F	63	-	-	-	-	-	-	-	2	8	17	36	-	
18. Coronary disease, angina	M	142	-	-	-	-	-	-	5	13	39	45	40	-	2.40
	F	67	-	-	-	-	-	-	-	3	14	19	31	-	
19. Hypertension with heart disease	M	9	-	-	-	-	-	-	-	-	2	5	2	-	.13
	F	2	-	-	-	-	-	-	-	-	-	2	-	-	
20. Other heart disease	M	38	-	-	-	-	-	1	1	1	4	8	23	-	.99
	F	48	-	-	-	-	-	-	2	5	3	8	30	-	
21. Other circulatory disease	M	19	-	-	-	-	-	-	1	-	-	2	16	-	.50
	F	25	-	-	-	-	-	-	-	1	2	5	17	-	
22. Influenza	M	6	-	-	-	-	-	-	-	-	1	2	3	-	.09
	F	2	-	-	-	-	-	-	-	-	-	-	2	-	
23. Pneumonia	M	28	1	1	-	-	1	-	1	1	6	8	9	-	.70
	F	33	-	1	-	-	-	-	1	-	3	8	20	-	
24. Bronchitis	M	50	-	-	-	-	-	-	1	2	14	17	16	-	.94
	F	32	-	-	-	-	-	-	-	4	6	7	15	-	
25. Other diseases of respiratory system	M	7	-	2	-	-	-	-	1	1	1	-	2	-	.16
	F	7	-	2	-	-	-	-	-	-	-	-	5	-	
26. Ulcer of stomach and duodenum	M	8	-	-	-	-	-	-	-	-	1	3	4	-	.14
	F	4	-	-	-	-	-	-	-	-	-	-	4	-	
27. Gastritis, enteritis and diarrhoea	M	4	-	2	-	-	-	-	-	-	-	-	2	-	.08
	F	3	-	-	-	-	-	-	-	-	1	1	1	-	
28. Nephritis and Nephrosis	M	4	-	-	-	-	-	-	-	-	-	2	2	-	.09
	F	4	-	-	-	-	-	-	-	-	-	2	2	-	
29. Hyperplasia of prostate	M	4	-	-	-	-	-	-	-	-	-	1	3	-	.05
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
30. Pregnancy, childbirth, abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	-	.01
	F	1	-	-	-	-	1	-	-	-	-	-	-	-	
31. Congenital malform- ations	M	5	3	1	-	-	-	-	1	-	-	-	-	-	.16
	F	9	2	4	1	-	-	-	1	-	1	-	-	-	
32. Other defined and ill- defined diseases	M	25	11	-	-	1	-	1	1	2	-	5	4	-	.55
	F	23	6	-	-	-	1	-	1	2	3	3	7	-	
33. Motor vehicle accidents	M	10	-	-	-	3	-	1	1	-	2	1	1	1	.14
	F	2	-	-	-	-	-	-	-	-	-	2	-	-	
34. All other accidents	M	14	1	-	-	-	-	-	2	1	2	2	1	5	.28
	F	10	1	-	-	-	-	-	-	-	-	-	1	8	
35. Suicide	M	5	-	-	-	-	-	1	-	1	1	2	-	-	.10
	F	4	-	-	-	-	-	-	-	-	2	2	-	-	
36. Homicide and operations of war	M	1	-	-	-	-	-	-	-	-	1	-	-	-	.01
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total all causes	M	564	16	6	4	1	7	5	17	43	125	162	178	-	11.08
	F	400	9	7	1	1	1	2	8	21	60	92	198	-	

# INFANTILE MORTALITY

The following table gives details of the deaths registered during the year which were under one year of age :—

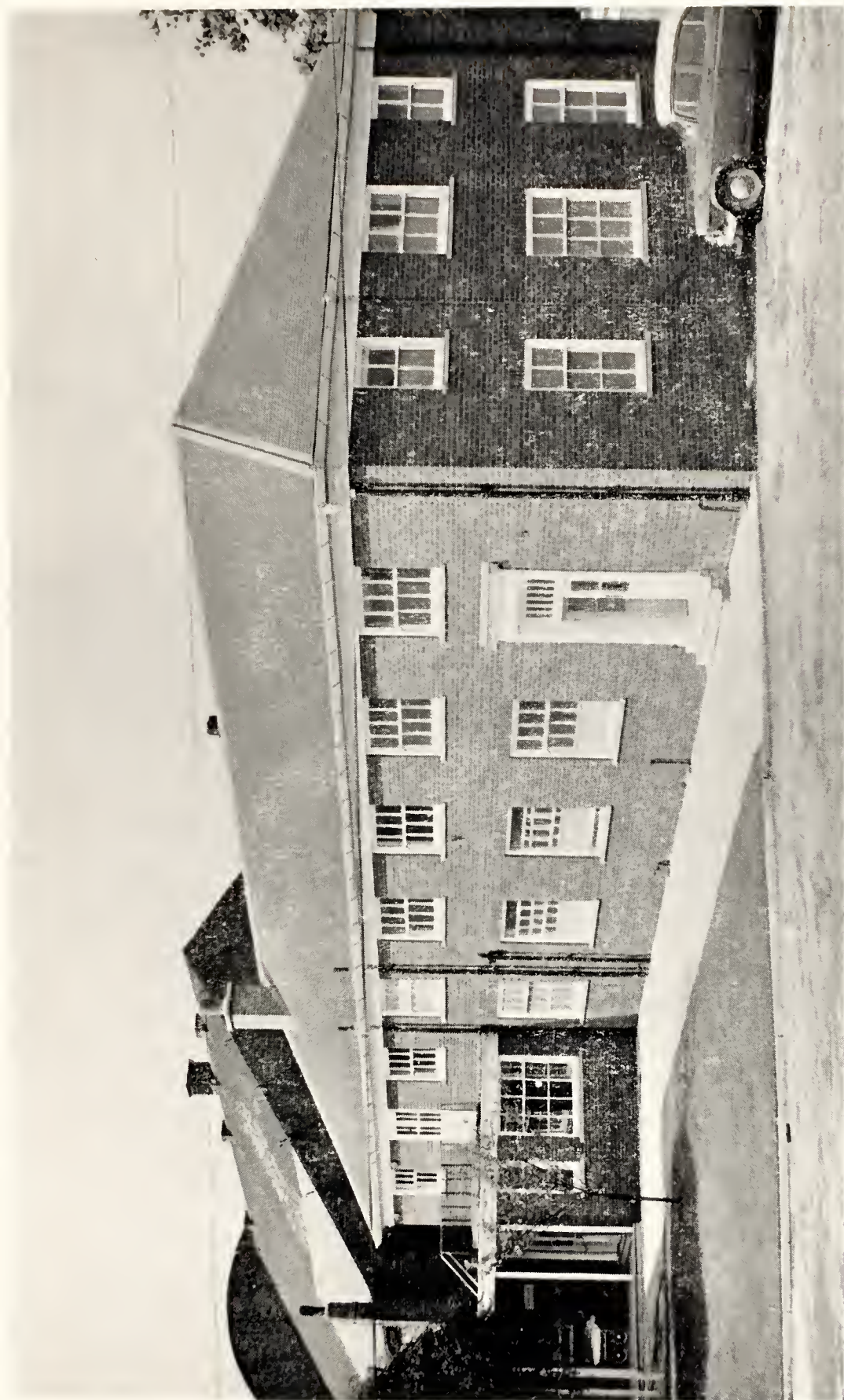
R.G's Code No.	Cause of Death	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7-13 days	14-20 days	21-28 days	Total under 4 wks. mths.	4 wks. to 3 mths.	3-5 mths.	6-8 mths.	9-11 mths.	Total under 1 year
23	Pneumonia ...	-	-	1	-	-	-	-	-	-	-	1	2	-	-	-	3
25	Other diseases of respiratory system ...	-	-	-	-	-	-	-	-	-	-	-	3	1	-	-	4
27	Gastritis, Enteritis and Diarrhoea ...	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2
31	Congenital malformations	-	-	-	2	-	-	1	2	-	-	5	2	2	1	-	10
32	Other defined and ill-defined diseases ...	11	5	-	-	-	-	-	-	1	-	17	-	-	-	-	17
34	All other accidents ...	2	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
		13	5	1	2	-	-	1	2	1	-	25	7	4	2	-	38

# CANCER

The following table gives the localisation of the disease, the number of deaths and the death rate per 1,000 population annually for the past ten years :—

	1957		1958		1959		1960		1961		1962		1963		1964		1965		1966	
	No.	Death rate	No.	Death rate	No.	Death rate	No.	Death rate	No.	Death rate	No.	Death rate	No.	Death rate	No.	Death rate	No.	Death rate	No.	Death rate
Stomach and duodenum ...	19	0.23	27	0.32	26	0.31	18	0.21	24	0.28	28	0.32	18	0.21	28	0.32	30	0.35	19	0.22
Lung, bronchus ...	34	0.41	41	0.49	31	0.37	59	0.69	47	0.55	42	0.49	46	0.53	40	0.46	38	0.44	44	0.5
Breast ...	14	0.17	13	0.16	17	0.20	15	0.18	19	0.22	14	0.16	17	0.20	11	0.13	16	0.18	13	0.15
Uterus ...	7	0.08	7	0.08	15	0.17	7	0.08	7	0.08	4	0.05	4	0.04	6	0.07	6	0.07	4	0.05
Other sites ...	90	1.08	89	1.05	87	1.03	82	0.96	73	0.85	78	0.90	88	1.01	92	1.06	81	0.93	80	0.92
Total deaths and death rates from cancer ...	164	1.97	177	2.10	176	2.08	181	2.12	170	1.99	166	1.92	173	1.99	177	2.04	171	1.97	160	1.84
Total deaths and death rates all causes ...	903	10.83	941	11.20	937	11.08	932	10.96	952	11.14	1014	11.76	974	11.24	928	10.73	952	10.97	964	11.08
Proportion, cancer deaths to total deaths, - 1 in ...	5.51		5.32		5.32		5.15		5.06		6.11		5.63		5.24		5.57		6.02	





Ferham Clinic opened June, 1966.



## ENVIRONMENTAL HEALTH

Two items are worthy of special mention in this section of the report.

One of the disturbing features of slum clearance is the regularity with which cases of hardship occur, in all parts of the country, due to the purchase of houses by owner-occupiers a relatively short time before their inclusion in a clearance order.

Even though the occupiers are rehoused, clearance of the house and purchase at site value means loss of capital, or a debt to repay with nothing in return, to the unfortunate owner.

A property owner wishing to sell a house of this type has a restricted field in which to operate. No building society or local authority will make a mortgage advance, and the landlord must either sell to a person prepared to pay cash or sell on a rental-purchase basis in which the purchaser pays a small amount of the purchase price in cash and the remainder by weekly payments over a term of years. The bulk of sales fall into the latter category.

Although the Council operates an enquiry service for people buying or selling older houses, many fail to make use of it and rely on the Official Search through a solicitor. The appropriate questions on the Search relate to events which have already happened, Orders made, Notices served, etc. and may give no indication of future action. A purchaser may thus be told that there are no Orders or Notices on a property and find his house included in a clearance order within two or three years of purchase, whereas a person making a check through our enquiry service may have been told that the same property might be included in a future clearance order.

Every such enquiry is checked and, although there is obviously a limit in time beyond which likely future action cannot be predicted, a prospective purchaser who is told that, although not included in any clearance scheme at the present time, a house is of a type likely to be considered for inclusion in a future scheme, has at least been warned to proceed with caution.

The second matter is the need for close co-operation between planning and redevelopment and the environmental health service. There may seem to be little connection between the renewal of our older towns and public health inspection but both these services aim at improving the environment, and the activities of both impinge on each other in many ways. Slum clearance is no longer simply a matter of getting rid of unfit houses, it is an important part of town centre redevelopment as is smoke control. A planning permission which may be valid on pure planning grounds may be unacceptable without safeguards for which there are public health criteria. Noise, dust, smell, fumes, tipping, the use of premises for night work, these are all potential sources of nuisance and are matters on which the public health service could give valuable assistance at the planning stage.



Similar co-operation between adjoining local authorities carrying out perimeter development of a type likely to affect each other adversely also seems highly desirable. Joint consultation before development would do much to ensure that avoidable nuisance to residents in another district was eliminated.

## WATER

42 samples of drinking water, 1 sample of chlorinated river water used for process work, and 9 samples of swimming bath water were taken for examination. There were no unsatisfactory samples.

5 samples were taken from the paddling pool in Clifton Park in June, July, August and September. 4 were satisfactory and revealed adequate chlorination. The attention of the Parks Superintendent was drawn to the unsatisfactory sample.

## SANITARY ACCOMMODATION

### (a) HOUSE DRAINAGE

2,043 visits were made in connection with drain tests, defective drains and drainage appliances.

The Building Works Department cleared 12 private drains and repaired 8 sewers involving 33 houses at our request and costs were recovered from the owners concerned. This together with the clearing service provided by the Borough Engineer for those combined drains, which are now technically sewers, enabled us to give a satisfactory service.

### (b) STANDARD GRANTS

The seventh year of operation of the Standard Grant provisions of the House Purchase and Housing Act, 1959 produced 156 enquiries from prospective applicants. Of these, 143 applied for grants and 139 of these were approved during the year. Details are as follows :—

Grants approved	....	....	....	139
(owner-occupiers)	....	....	....	125
(landlords)	....	....	....	14
Grants refused	....	....	....	4
Works completed and grant paid	....	....	....	116
Total grant	....	....	£9,580	10s. 8d.
Amenities provided :				
Bath	....	....	....	65
Washbasin	....	....	....	76
Hot water supply	....	....	....	67
Water closet	....	....	....	114
Food store	....	....	....	2

(c) LICENSED PREMISES, CINEMAS.

16 inspections were made of the sanitary accommodation at licensed premises and cinemas.

Sanitary accommodation repaired ... ..	—
Sanitary accommodation cleansed ... ..	—
Intervening ventilated space to water closets provided ...	—

FACTORIES

336 factory inspections were made as follows :—

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	17	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	297	336	24	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	2	—	—	—
Total ...	316	336	24	—

Factories in which defects were found :—

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ... ..	—	—	—	—	—
Overcrowding ... ..	—	—	—	—	—
Unreasonable temperature ... ..	—	—	—	—	—
Inadequate ventilation ... ..	—	—	—	—	—
Drainage of floors ... ..	—	—	—	—	—
Sanitary Conveniences :					
(a) Insufficient ... ..	—	—	—	—	—
(b) Unsuitable or defective ... ..	26	21	—	1	—
(c) Not separate for sexes ... ..	1	—	—	1	—
Total ... ..	27	21	—	2	—

## OUTWORKERS

No outworkers were notified in Rotherham during the year.

## OFFENSIVE TRADES

No complaints of nuisance were received in connection with the five offensive trades now registered.

## CANAL BOATS

Canal boats inspected	...	...	...	...	...	3
Persons on board :						
Male adults	...	...	...	...	...	5
Female adults	...	...	...	...	...	—
Cases of infectious disease	...	...	...	...	...	—
Infringements observed	...	...	...	...	...	—
Notices served	...	...	...	...	...	—
Notices complied with	...	...	...	...	...	—
Notices outstanding	...	...	...	...	...	—
Legal proceedings taken	...	...	...	...	...	—

## HOUSING

### (a) NUISANCE AND DISREPAIR

997 complaints of nuisance and disrepair were received during the year. 1,378 houses were involved in the total nuisances found as a result of complaints or during inspection of the district.

1 application for a certificate under the provisions of the Rent Act, 1957 was received.

### (b) DEMOLITION AND CLOSURE

5 clearance areas involving 239 houses were declared during the year. 34 individual unfit houses were the subject of closing or demolition orders.

### (c) HOUSE PURCHASE

256 enquiries were received from prospective house purchasers concerning the slum clearance position of individual houses.

209 houses were visited in connection with applications for mortgages to ensure that the period of repayment and probable life of the house were properly related.

### (d) IMPROVEMENT AREAS

The St. Ann's Road Improvement Area including more than 300 houses was declared during the year. This should provide a useful impetus to the installation of bathrooms during the next two years.

## SUMMARY OF HOUSING ACTION

### 1. Inspection of dwelling houses :

(1) Number of houses inspected for housing defects under Public Health or Housing Acts. ....	832
(2) Number of houses (included under sub head (1) above) which were inspected and recorded under the Housing Consolidated Regulations. ....	324
(3) Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ....	301
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub head) found to be not in all respects reasonably fit for human habitation ....	508

### 2. Remedy of defects during the year without service of formal notice :

(1) Number of dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers (including houses with minor defects) ....	346
--	-----

### 3. Action under statutory powers :

#### A. Proceedings under Section 9 and 10 of the Housing Act, 1957. —

#### B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which formal notices were served requiring defects to be remedied ....	167
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners ....	162
(b) By Local Authority in default of owners ..	—

### C. Proceedings under Sections 16, 17 and 18, Housing Act, 1957.

(1) Number of dwelling houses in respect of which demolition orders were made	24
(2) Number of dwelling houses in respect of which closing orders were made	2
(3) Number of individual unfit houses demolished	10
(4) Number of dwelling houses in respect of which undertakings as to future user were accepted and which ceased to be used as dwellings	—

### Action under Part III, Housing Act, 1957.

(1) Number of houses included in clearance or compulsory purchase orders	239
(2) Number of houses included in confirmed clearance or compulsory purchase orders demolished	48
(3) Number of local authority houses closed or demolished	14

### DETAILS OF LEGAL PROCEEDINGS UNDER THE PUBLIC HEALTH ACT, 1936

Case No.	Date	Default or offence	Result	Penalty
1	20.1.66	Non-compliance with notice under section 45	Withdrawn, work done	—
2	7.4.66	Non-compliance with Abatement Notice	Nuisance Order made	—
3	7.4.66	Non-compliance with notice under section 39	Fined	£3
4	7.4.66	Non-compliance with notice under section 39	Fined	£3
5	5.5.66	Non-compliance with notice under section 39	Withdrawn, work done	—
6	15.12.66	Non-compliance with Abatement Notice	Withdrawn, work done	—

### HOUSES IN MULTIPLE OCCUPATION

The number of houses of this type does not appear to be increasing, although we are dependent on many sources for information concerning multi-occupation and there is always a time lag before new cases are discovered. The occupier of a house who was fined £30 last year for non-compliance with a notice was again prosecuted and fined £30. The house is not now in multi-occupation.

### CARAVANS

The number of caravans in the County Borough is gradually reducing. Licences have been issued as follows :—

Licences issued	Total	Actual
for 1 caravan - 8	8	6
for 2 caravans - 7	14	8
for 4 caravans - 2	8	8
for 5 caravans - 1	5	4
for 9 caravans - 1	9	5
for 12 caravans - 1	12	—



## VERMINOUS PREMISES

1,453 inspections of Corporation houses and the houses of prospective tenants were made. Evidence of vermin was found on 6 occasions.

It is seventeen years since the regular inspection of vacant corporation houses and the houses of prospective tenants was instituted. In 1950, 67 instances of vermin were found in 828 inspections, approximately 8%, in 1966 this figure was reduced to 0.04%. New insecticides have helped to bring about this reduction but a higher standard of personal hygiene is also apparent.

The incidence of infestation in all premises treated was as follows :—

	Bugs	Cockroaches	Other pests	Total
Corporation houses	23	101	25	149
Private premises	9	56	37	102
	<hr/> 32	<hr/> 157	<hr/> 62	<hr/> 251
Percentage of infestation in all premises	13 %	62 %	25 %	

## PHARMACY AND POISONS ACT

94 licences were issued authorising the sale of poisons included in Part 2 of the Poisons List.

## RATS AND MICE DESTRUCTION

The following details have been extracted from the annual report required by the Ministry of Agriculture, Fisheries and Food.

	Local Authority	Dwelling houses	Agricultural	Business etc.	Total
Complaints received	34	706	—	145	885
Other inspections made	44	48	39	124	255
Properties found infested by rats	49	438	2	187	676
Properties found infested by mice	16	118	—	34	168
Notices served for structural work	2	9	—	2	13

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The following report was made to the Minister of Labour on the operation of the Act in Rotherham.

All the known premises to which the Act applies and for which the Local Authority is responsible have been inspected and over 800 notices in respect of contraventions have been complied with. To achieve this without losing goodwill has entailed many re-visits and letters but the additional effort has been worthwhile. Four prosecutions were necessary where no progress could be made and a further four were pending at the year end.

It becomes obvious that regular visiting will be necessary even to shops not employing assistants if we are to keep track of changes. A number of instances have arisen where premises excluded from registration on the initial inspection have, at a later stage, begun to employ staff and have omitted to notify the local authority.

Details of defects found may be of interest and are appended.

## DEFECT

Abstract	....	....	....	23	Temperature	....	....	....	2
First Aid Box	....	....	....	20	Washing facilities	....	....	....	2
Lighting	....	....	....	5	Hot water supply	....	....	....	4
Mark conveniences	....	....	....	2	Sanitary dressings	....	....	....	—
Provide conveniences	....	....	....	1	Obstructions	....	....	....	—
Cleanliness	....	....	....	3	Clothing etc.	....	....	....	1
Handrail	....	....	....	2	Drinking water etc.	....	....	....	—
Thermometer	....	....	....	15	Ventilation	....	....	....	2
Seating	....	....	....	—	Overcrowding	....	....	....	1
Guard machines	....	....	....	3	Eating facilities	....	....	....	1

## ACCIDENTS.

28 accidents reported during the year were all of a minor nature.

### (a) Registrations and General Inspections.

Class of premises	Number of Premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	16	199	36
Retail shops	23	595	189
Wholesale shops, warehouses	1	25	2
Catering establishments open to the public, canteens	3	95	22
Fuel storage depots	—	—	—

### (b) Number of visits of all kinds by Inspectors to Registered Premises.

910

### (c) Analysis of Persons Employed in Registered Premises by Workplace

Class of workplace	Number of persons employed
Offices	2182
Retail shops	3065
Wholesale departments, warehouses	303
Catering establishments open to the public,	448
Canteens	46
Fuel storage depots	—
Total	6044
Total Males	2181
Total Females	3863

(d) Exemptions.

Class of Premises	In force granted during the year		refused
PART I—Space			
Nil			
PART II—Temperature			
Nil			
PART III—Sanitary Conveniences			
Retail shops	1	1	—
Offices			1
PART IV—Washing Facilities			
Retail shops	1	1	—
Offices			1

MILK

(a) SPECIAL DESIGNATIONS.

All milk sold in Rotherham is now either “Pasteurised”, “Sterilised”, or “Untreated”. Processing is done in plants situated in other districts and the bulk of the milk consumed is produced in other areas.

The number of cases of dirty milk bottles gave rise to some concern and prosecutions were undertaken in 4 cases. In 3 cases in the West Riding Court fines totalling £40 were imposed, and in one other case, heard in the County Borough, a fine of £10 was imposed.

The following licences, which are valid until the year ending 1970 were issued in connection with the Milk (Special Designation) Regulations, 1963 :—

DEALERS' LICENCES

Untreated	....	....	....	....	....	—
Pasteurised	....	....	....	....	....	10
Sterilised	....	....	....	....	....	17

(b) BACTERIOLOGICAL EXAMINATION

80 samples of milk were taken for examination as to cleanliness and efficacy of heat treatment, with the following results :—

					Samples tested	Passed	Failed
Untreated	....	..	..	....	1	1	—
Tuberculin Tested Pasteurised (Homogenised)	....	....	....	....	15	15	—
Pasteurised	....	....	....	....	42	42	—
Sterilised	....	....	....	....	22	22	—

There are only four small milk producers in the County Borough, two of whom farm-bottle. No samples were taken at the farms during the year.

## ICE CREAM

58 samples of ice cream were submitted for bacteriological examination with the following results :—

Satisfactory		Unsatisfactory	
Grade 1	Grade 2	Grade 3	Grade 4
52	2	2	2

## SHELLFISH

Mussels delivered to a Rotherham wholesaler which were fished from Toft Sands were found to be unsatisfactory on examination. The Boston Port Health Authority was informed and the local wholesaler is obtaining supplies of mussels from an approved cleansing centre.

## FOOD PREMISES

The following list of premises and record of visits gives a picture of the type of food trades in the district and the time given to inspection :

### UNREGISTERED PREMISES

Type	Number	Inspection
Bakehouses and confectioners	146	34
Cafes	45	20
Clubs and licensed premises	133	35
Factory canteens	43	36
Fish friers	62	13
Fishmongers	27	33
Fruiterers and greengrocers	127	17
Grocers	255	92
Mineral water factories	2	1
School kitchens	19	3
Sweet factories	1	—
Tripe purveyors	3	—

### REGISTERED PREMISES

	Number	Inspection
Butchers	108	72
Food preparing premises	77	30
Hawkers	14	—
Ice cream factories	2	2
Ice cream shops or stores	266	138
Pickle factories	1	1
Tripe boilers	1	—
Dairies and milk distributors	199	78

Improvements made in food premises during the year :

Additional water closets provided	1
Additional wash basins provided	9
Hand washing notices displayed	6
Hot water supplies provided	11
Premises cleansed or repaired	41
Accommodation for clothing provided	3
Name and address on food stalls	2
Provision of suitable waste storage	8
Premises improved	2
First aid materials provided	11

## FOOD POISONING

No major outbreak of food poisoning arose during the year. Six sporadic cases were reported.

## TYPHOID FEVER

Contacts of two cases of typhoid fever were investigated and kept under surveillance. No further cases developed.

## MEAT

The following details of animals slaughtered at the public abattoir were supplied by the Markets Superintendent :—

Cattle	Cows	Calves	Sheep	Pigs	Total
7,101	1,201	24	26,163	11,659	46,148

The estimated weight of fresh killed meat and offals condemned at the public abattoir during the year was :—

All causes	....	....	....	....	19 tons 7 cwts.
Tuberculosis only	....	....	....	....	1 ton 3 cwts.

The percentages of animals found to be diseased are given in the following table :—

		Cattle excluding cows	Cows	Calves	Sheep	Pigs
Number killed	}					
Number inspected		7,101	1,201	24	26,163	11,659
All diseases except tuberculosis and cysticerci :						
Whole carcasses condemned	....	—	1	5	22	11
Carcasses of which some part or organ was condemned	....	1,401	379	1	1,365	387
Percentage affected	....	19·7	31·6	25·0	5·3	3·4
Tuberculosis only :						
Whole carcasses condemned	....	—	—	—	—	—
Carcasses of which some part or organ was condemned	....	7	1	—	—	178
Percentage affected	....	0·1	0·08	—	—	1·5
Cysticercosis :						
Carcasses of which some part or organ was condemned	....	89	9	—	—	—
Carcasses submitted to treatment by refrigeration	....	45	4	—	—	—
Generalised and totally condemned	....	—	—	—	—	—
Percentage affected	....	1·1	0·74	—	—	—



## MERCHANDISE MARKS ACT, 1926

No visits were made in connection with the marking of food. The Marking Orders refer to the correct labelling of such food as apples, tomatoes, currants, ham, meat, dead poultry, margarine, malt products, frozen and chilled salmon and sea trout and honey.

### SAMPLING OF FOOD AND DRUGS

260 samples of food and drugs were submitted to the Public Analyst for examination.

Details of all samples taken are given in the following table :

No.	Genuine		Not reported as genuine	
	Formal	Informal	Formal	Informal
1 All Butter sponge pudding	.... —	1	—	—
1 Apple juice	.... —	1	—	—
1 Aspirin tablets	.... —	1	—	—
1 Bacon	.... —	1	—	—
1 Baking powder	.... —	1	—	—
1 Beef suet	.... —	1	—	—
1 Blackcurrant drink	.... —	1	—	—
1 Blackcurrant jam	.... —	1	—	—
1 Blancmange powder	.... —	1	—	—
3 Butter	.... —	3	—	—
1 Butterscotch	.... —	1	—	—
1 Cane sugar	.... —	1	—	—
1 Castor oil	.... —	1	—	—
1 Cheese spread (buttered)	.... —	1	—	—
1 Chicken in savoury sauce	.... —	1	—	—
1 Children's cooling powder	.... —	1	—	—
1 Christmas pudding	.... —	1	—	—
1 Cocktail cherries	.... —	1	—	—
1 Coffee (instant)	.... —	1	—	—
2 Coffee (pure)	.... —	2	—	—
2 Cooking salt	.... —	2	—	—
1 Cornflour	.... —	1	—	—
1 Cream (fresh double)	.... —	1	—	—
1 Cream (sterilised)	.... —	1	—	—
1 Cream of mushroom soup	.... —	1	—	—
1 Creamed rice	.... —	1	—	—
1 Creamed sago	.... —	1	—	—
1 Cream of tomato soup	.... —	1	—	—
2 Curry powder	.... —	2	—	—
1 Custard powder	.... —	1	—	—
1 Dates	.... —	1	—	—
1 Dessicated coconut	.... —	1	—	—
1 Dried peas	.... —	1	—	—
4 Drugs	.... —	4	—	—
1 Fish cakes	.... —	1	—	—
1 Friars balsam	.... —	1	—	—
1 Fruit sauce	.... —	1	—	—

No.	Genuine		Not reported as genuine	
	Formal	Informal	Formal	Informal
1 Full cream condensed milk	—	1	—	—
1 Full cream evaporated milk	—	1	—	—
1 Gelatine	—	1	—	—
1 Glycerine	—	1	—	—
1 Golden syrup	—	1	—	—
1 Gravy salt	—	1	—	—
1 Ground cinnamon	—	1	—	—
1 Ground cloves	—	1	—	—
1 Ground ginger	—	1	—	—
47 Ice cream	—	47	—	—
2 Iced confection	—	2	—	—
9 Iced lollies	—	9	—	—
1 Icing sugar	—	1	—	—
1 Lard	—	1	—	—
1 Lemonade powder	—	1	—	—
1 Lemon curd	—	1	—	—
1 Lemon juice (unsweetened)	—	1	—	—
1 Lemonade containing foreign matter	—	—	—	1
1 Lime juice cordial	—	1	—	—
1 Liver salts	—	1	—	—
1 Liquid paraffin	—	1	—	—
1 Maize oil	—	1	—	—
1 Madiera cake mixture	—	1	—	—
2 Malt vinegar	—	2	—	—
2 Margarine	—	2	—	—
2 Marmalade	—	2	—	—
1 Marzipan	—	1	—	—
69 Milk	69	—	—	—
1 Milk chocolate biscuits	—	1	—	—
1 Milk chocolate teacakes	—	1	—	—
1 Milk shake syrup	—	1	—	—
1 Minced beef (tinned)	—	1	—	—
1 Mincemeat	—	1	—	—
1 Minced Turkey in Jelly	—	1	—	—
1 Mint sauce	—	1	—	—
1 Mint in vinegar	—	1	—	—
1 Mixed cut peel	—	1	—	—
2 Mushroom soup powder	—	2	—	—
1 Mustard	—	1	—	—
1 Non brewed condiment	—	1	—	—
1 Oil of Eucalyptus B.P.	—	1	—	—
1 Olive oil	—	1	—	—
1 Orange drink	—	1	—	—
1 Orange juice	—	1	—	—
1 Orange squash	—	1	—	—
1 Oxtail soup	—	1	—	—

No.		Genuine		Not reported as genuine	
		Formal	Informal	Formal	Informal
1	Parrish's chemical food	.... —	—	—	1
1	Peanut butter	.... —	1	—	—
1	Pear drops	.... —	1	—	—
1	Pearl barley	.... —	1	—	—
1	Pickled beetroot	.... —	1	—	—
1	Plain flour	.... —	1	—	—
1	Pork dripping	.... —	1	—	—
1	Potato crisps	.... —	1	—	—
1	Powdered nutmeg	.... —	1	—	—
1	Pre-cooked rice	.... —	1	—	—
1	Prunes	.... —	1	—	—
1	Pure honey	.... —	1	—	—
1	Purified cream of tartar	.... —	1	—	—
1	Rose hip syrup	.... —	1	—	—
2	Saccharine tablets	.... —	2	—	—
1	Sage and onion stuffing mix	.... —	1	—	—
1	Salad cream	.... —	1	—	—
2	Salmon spread	.... —	2	—	—
1	Sal volatile	.... —	—	—	1
1	Seedless raisins	.... —	1	—	—
2	Self raising flour	.... —	2	—	—
1	Senna pods	.... —	1	—	—
1	Soda mints	.... —	1	—	—
1	Spanish juice	.... —	1	—	—
1	Strawberry Jam	.... —	1	—	—
1	Syrup of Figs	.... —	1	—	—
1	Table Jelly	.... —	1	—	—
1	Table Salt	.... —	1	—	—
1	Tea	.... —	1	—	—
1	Tinned cream	.... —	1	—	—
1	Tinned Milk	.... —	1	—	—
1	Tinned Raspberries	.... —	1	—	—
1	Tomato Juice	.... —	1	—	—
1	Vinegar (cider)	.... —	1	—	—
2	White Pepper	.... —	2	—	—

### FERTILISERS AND FEEDING STUFFS ACT, 1926

6 samples of fertilisers and 6 of feeding stuffs were taken for analysis. All were satisfactory.



## OTHER FOOD

In the following table details are given of food surrendered.

	Number	Lbs.		Number	Lbs.
Apples ....	4 boxes	140	Iced Iollies ....	158	
Bacon ....		52	Jars ....	67	
Butter ....		17	Margarine ....		40
Cartons Cheese ....	98 portions	15	Meat pies ....	4	
Cheese parings ....		94	Mussels ....		87
Chickens ....	85		Packets ....	805	
Cooked meats ....		138	Pork pies ....	1	
Frozen foods ....	1071 pkts.		Sausages ....		67
Frozen ox kidneys ....	8		Sausage meat ....		32
Frozen turkey ....	1		Steak and kidney pies ....	6	
Ham ....		6	Tins ....	2185	
Ice cream ....	351 pkts.				

## CLEAN AIR

1,286 visits were made in connection with atmospheric pollution including smoke observations at factories and inspections relating to smoke control areas. 4 new smoke control areas were declared and three more were in course of preparation at the end of the year.

The heavy grit emission from our Power Station continues to give rise to concern and the Sanitary Sub-Committee met representatives of the Central Generating Board and also visited the Power Station. From the information received it seems probable that further improvement will be seen as dust collecting units with higher wear resistance are installed. We were assured that this work was proceeding as fast as possible.

In the light of the town centre rebuilding which is envisaged it is to be hoped that the substantial increase in national generating capacity which is now taking place will make it unnecessary to maintain a power station in the centre of Rotherham to blight the environmental improvement which is so much needed.

Smoke control areas are now accepted as desirable and necessary. The increase in the amount of grant available allows the installation of a good appliance which will give satisfaction, and householders in general appreciate the improvement in cleanliness.

It is unfortunate that a number of coal merchants should be decrying coke as a fuel and encouraging people to burn coal in smoke control areas. This is a short sighted policy which will be detrimental to the trade in the long run. A much sounder policy would be to help and encourage people to burn the wide variety of solid smokeless fuels

available and so retain their fair share of the market. The criticism which these fuels have received from coal dealers must have been good publicity for the sale of gas appliances.

One industrial firm was prosecuted for a dark smoke offence. This was a second offence and the fine of £5 seemed trivial in relation to the resources of a substantial Company. Fortunately, the need for additional plant to deal with peak load was accepted by the firm concerned and this is now being installed.

In co-operation with the Warren Spring Laboratory we continued taking samples of air by the volumetric apparatus installed at Greasbrough Road for gaseous and particulate fluorine estimation.

Details of the yearly results for deposit and sulphur gauges are to be found on page 33.

### CLERICAL WORK

To complete the picture of work done by the section during the year details of office interviews and outgoing correspondence are of interest. 997 complaints from residents were dealt with. 840 informal notices and 244 statutory notices were served, and 150 licences were issued. Including reminder notices and other letters, 2781 postal packages were sent out during the year.

Multiple Screening Clinic



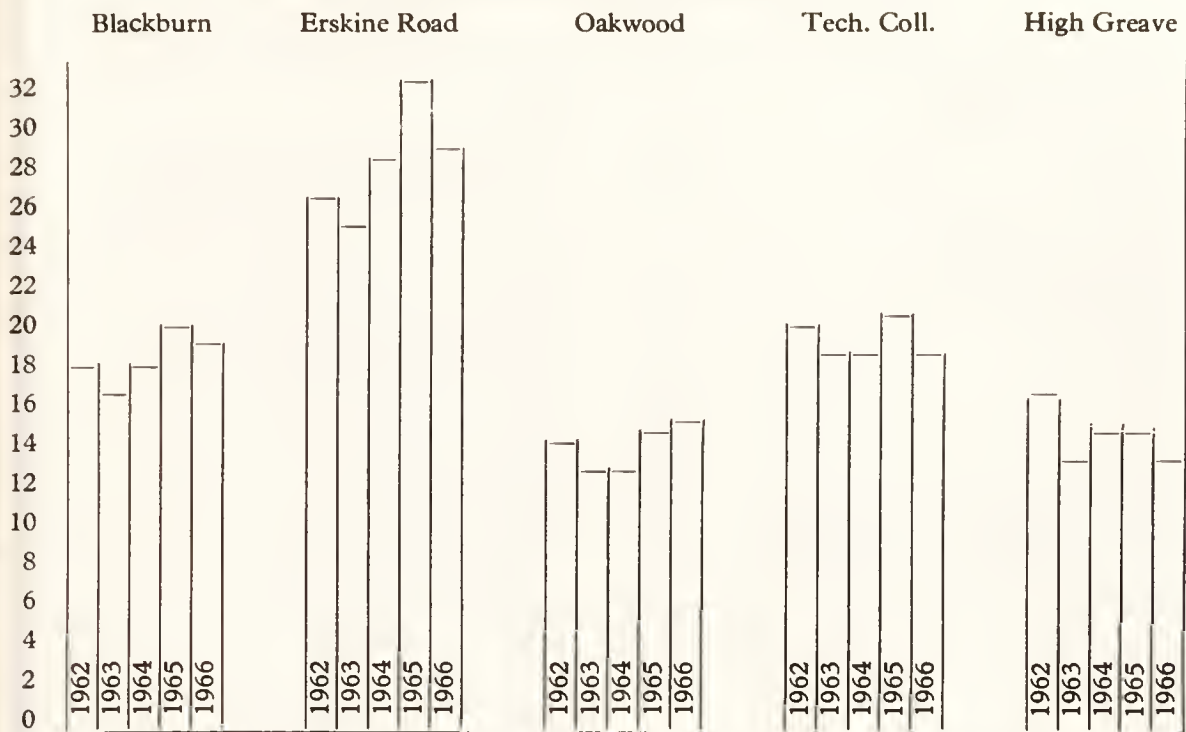
Multiple Screening Clinic — General View.



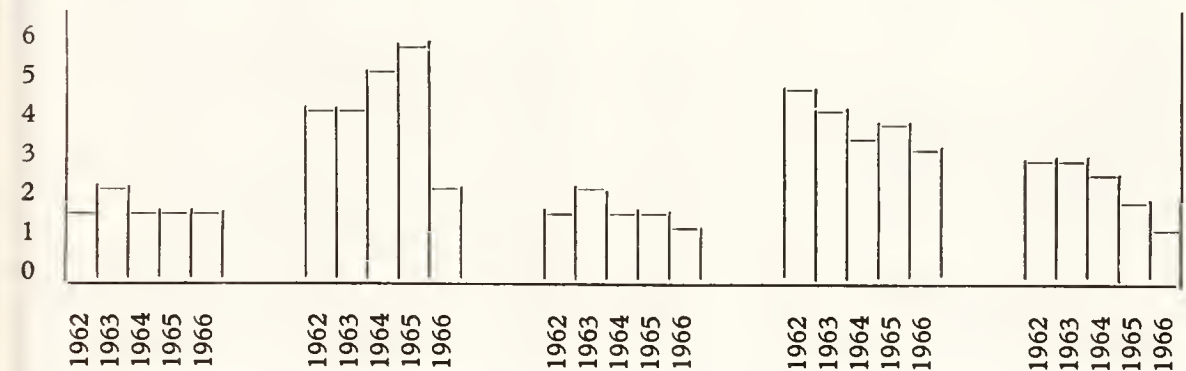


1. STANDARD DEPOSIT GAUGES.

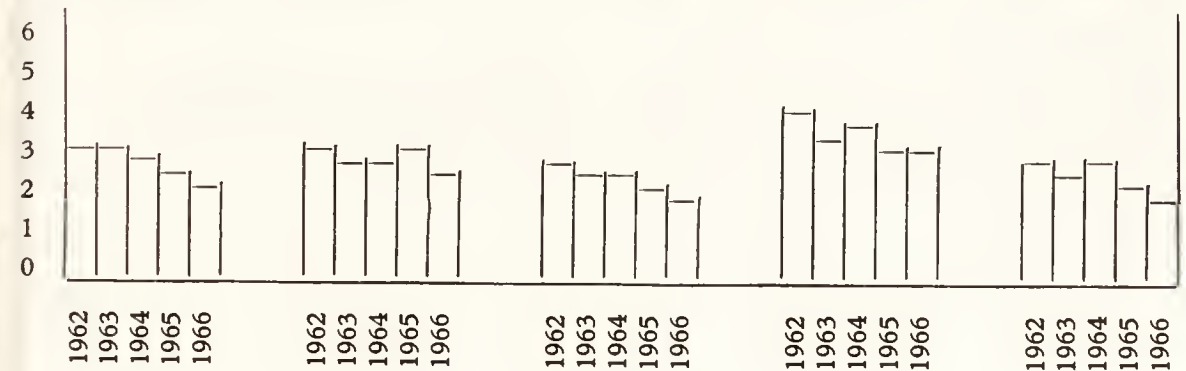
(a) Average monthly deposit for years 1962-1966.



(b) Iron oxide content of average monthly deposit in tons/sq. mile for years 1962-1966.



(c) Average yearly sulphur deposit.



# SUMMARY OF PUBLIC HEALTH INSPECTORS' VISITS AND NOTICES SERVED DURING THE YEAR ENDING 1966.

Tents, vans and sheds	....	....	22	Visits in connection with sampling :—	
Houses let in lodgings	....	....	20	Milk	.... 80
Water Supply	....	....	7	Ice cream	.... 58
Drainage	....	....	1,779	Offices, Shops and Railway Premises	.... 42
Stables and piggeries	....	....	5	Re-visits Offices, Shops and Railway	
Pet shops	....	....	2	Premises	.... 868
Hairdressers and Barbers	....	....	22	Miscellaneous visits....	.... 2,714
Caravan Sites	....	....	12	Matters to other Departments	.... 169
Canal boats	....	....	4	Number of houses inspected under	
Factories	....	....	336	Public Health Acts	.... 593
Drain tests	....	....	264	Re-visits to above houses	.... 1,769
Bakehouses	....	....	17	Number of houses inspected under	
Public conveniences	....	....	2	Housing Acts	.... 532
Theatres and Places of entertainment	....	....	1	Re-visits to above houses	.... 330
Licensed premises	....	....	15	Overcrowding	.... 2
Interviews	....	....	1,253	Overcrowding re-visits	.... 4
Pest control	....	....	104	Verminous premises	.... 215
Clean air	....	....	1,286	Re-visits to verminous premises	.... 1
Schools	....	....	1	Miscellaneous housing visits	.... 642
Visits to Slaughterhouses	....	....	218	Infectious disease enquiries	.... 29
Visits to :—				Visits re disinfection	.... 1
Bakers and confectioners	....	....	34	Miscellaneous infectious disease visits	.... 59
Butchers	....	....	72	Food and Drug samples	.... 259
Canteens	....	....	36	Fertilisers and feeding stuffs	.... 12
Dairies and milk distributors	....	....	78	Miscellaneous food visits	.... 132
Fishmongers and poulterers	....	....	33	Water samples	.... 57
Food preparing premises	....	....	30	Number of nuisances found	.... 1,393
Fried fish shops	....	....	13	Number of nuisances abated	.... 1,234
Grocers	....	....	92	Number of verbal notices served	.... 267
Greengrocers and fruiterers	....	....	17	Number of verbal notices complied with	.... 209
Ice cream premises	....	....	138	Number of informal notices served	.... 573
Market stalls	....	....	26	Number of informal notices complied	
Poisons	....	....	55	with	.... 572
Restaurants	....	....	20	Number of statutory notices served	.... 244
Schools (hygiene)	....	....	3	Number of statutory notices complied	
Sweetshops	....	....	7	with	.... 216
Fairground stalls	....	....	25	Number of OSR notices served	.... 24
Clubs	....	....	2	Number of informal OSR notices	
Licensed premises (hygiene)	....	....	33	complied with	.... 375



# ATMOSPHERIC POLLUTION RECORDS

## 1. STANDARD DEPOSIT GAUGES.

(a) Water-insoluble deposit in tons per square mile per month.

	Blackburn		Erskine Road		Oakwood		Technical College		High Greave	
Month	1965	1966	1965	1966	1965	1966	1965	1966	1965	1966
January	8.79	8.42	21.95	14.11	4.73	5.36	11.04	9.23	4.74	5.63
February	4.35	11.29	11.20	14.63	5.13	7.11	15.65	10.97	6.06	4.87
March	13.24	8.79	16.78	24.62	7.44	7.91	12.81	11.11	6.12	2.86
April	10.92	6.57	27.54	16.42	7.11	4.89	19.87	11.43	10.40	6.12
May	8.52	9.65	18.60	20.60	6.03	7.08	11.75	12.32	6.16	8.30
June	8.48	9.17	7.63	18.00	4.52	6.33	19.27	10.72	5.23	7.24
July	5.75	4.82	45.22	11.01	8.15	4.53	14.20	7.42	6.25	5.76
August	6.06	9.10	39.29	12.00	6.00	5.53	3.80	10.43	4.97	5.73
September	7.46	8.86	23.24	19.57	6.81	4.53	13.48	6.25	6.62	3.03
October	11.36	16.56	17.09	25.13	2.71	5.40	5.43	15.58	3.26	6.29
November	9.17	8.90	10.12	23.28	3.92	6.27	10.58	16.11	4.84	8.20
December	14.34	9.21	30.21	—	4.26	4.63	6.74	5.96	4.87	5.56
Monthly Average	9.36	9.28	22.40	18.12	5.56	5.79	12.05	10.62	5.79	5.79

(b) Water-soluble deposit in tons per square mile per month.

	Blackburn		Erskine Road		Oakwood		Technical College		High Greave	
Month	1965	1966	1965	1966	1965	1966	1965	1966	1965	1966
January	17.90	8.25	13.35	11.13	9.32	8.25	11.85	7.84	9.18	5.93
February	5.00	13.31	6.62	13.21	1.91	9.82	5.39	10.22	4.71	7.41
March	9.92	8.86	9.19	9.75	6.87	7.18	8.23	5.50	7.11	3.13
April	7.56	10.51	9.26	13.12	5.53	10.29	6.18	11.14	5.27	9.42
May	6.78	9.00	9.48	7.59	6.54	8.28	6.92	6.07	6.22	5.56
June	9.10	7.22	10.68	7.73	6.77	5.43	9.76	6.03	8.36	5.23
July	7.39	3.42	9.16	6.22	5.83	4.29	4.93	3.94	6.16	5.53
August	7.94	10.03	7.01	11.32	4.83	8.52	3.05	10.11	4.97	7.93
September	12.29	5.13	15.33	6.15	12.20	5.33	13.24	4.68	10.67	3.29
October	8.69	12.90	8.60	12.68	4.96	8.48	6.49	11.04	4.35	7.93
November	17.79	13.89	18.66	13.49	12.77	9.42	11.85	9.87	8.63	10.70
December	13.38	11.36	12.45	—	8.15	9.52	9.72	8.52	8.43	7.34
Monthly Average	10.31	9.49	10.81	10.21	7.14	7.90	8.13	7.91	7.00	6.61

(c) Total deposit in tons per square mile per month.

	Blackburn		Erskine Road		Oakwood		Technical College		High Greave	
Month	1965	1966	1965	1966	1965	1966	1965	1966	1965	1966
January	26.69	16.67	35.30	25.25	14.05	13.61	22.89	17.07	13.93	11.55
February	9.34	24.61	17.83	27.85	7.04	16.93	21.05	21.19	10.76	12.28
March	23.17	17.66	25.98	34.37	14.32	15.09	21.05	16.61	13.23	5.99
April	18.48	17.08	36.80	29.54	12.64	15.19	26.06	22.57	15.67	15.54
May	15.30	18.65	28.09	28.19	12.57	15.36	18.67	18.38	12.38	13.86
June	17.59	16.39	18.31	25.73	11.30	11.77	29.03	16.75	13.60	12.48
July	13.14	8.25	54.38	17.23	13.89	8.82	19.13	11.36	12.41	11.29
August	14.00	19.13	46.30	23.32	10.83	14.05	6.85	20.55	9.94	13.66
September	19.74	14.00	38.57	25.73	19.01	9.86	26.72	10.93	17.28	6.32
October	20.05	29.46	25.70	37.86	7.68	13.88	11.92	26.62	7.60	14.22
November	26.97	22.79	28.78	36.78	16.70	15.69	22.43	25.98	13.46	18.90
December	27.72	20.57	42.66	—	12.41	14.15	16.47	14.48	13.30	12.90
Monthly Average	19.34	18.77	33.22	28.35	12.70	14.03	20.18	18.54	12.79	12.41

## 2. SULPHUR DETERMINATION (LEAD PEROXIDE CANDLE).

	Blackburn		Erskine Road		Oakwood		Technical College		High Greave	
Month	1965	1966	1965	1966	1965	1966	1965	1966	1965	1966
January	3.29	3.90	5.71	3.50	2.53	2.38	4.07	3.83	3.30	2.81
February	2.36	2.88	2.60	3.30	2.26	1.47	4.15	3.28	2.78	2.20
March	3.16	1.74	2.95	2.83	1.76	2.08	3.02	2.90	2.28	2.08
April	2.29	2.05	2.61	2.15	1.91	1.46	2.56	3.01	2.24	1.73
May	2.27	2.03	2.23	2.09	1.51	1.08	2.29	1.92	2.27	1.67
June	1.72	1.64	2.29	1.67	1.16	1.15	2.13	2.00	1.31	1.11
July	1.52	1.38	2.10	1.78	1.13	1.19	1.77	2.03	1.61	1.43
August	1.49	1.53	1.75	1.78	1.05	1.00	1.63	1.90	1.21	0.46
September	1.84	1.84	2.59	2.46	1.52	1.21	2.73	2.05	2.09	1.74
October	2.43	2.78	2.33	2.33	1.30	1.40	2.38	2.78	1.86	1.87
November	1.07	2.83	3.17	3.22	2.02	2.12	3.55	3.97	2.58	2.32
December	3.40	2.98	3.77	3.47	2.23	2.28	2.73	3.76	3.09	3.99
Monthly Average	2.23	2.29	2.84	2.55	1.69	1.56	2.75	2.78	2.21	1.95

Milligrammes of SO<sub>3</sub>/day collected by 100 square centimetres.

## AGED AND INFIRM PERSONS

No application was made under Section 1 (3) of the National Assistance (Amendment) Act, 1951, for a removal order during the year.

### PUBLIC MORTUARY

	1965	1966
Bodies received (including 87 from outside the County Borough)		
Post-mortems	265	280
	250	258
Total number of days bodies held in mortuary	1,091	1,176

### SUMMARY OF ADMISSIONS—1966

Brought in by :			
Borough Ambulance	—from	home	42
	„	street	19
	„	works	8
West Riding			
Ambulance	—	„ home	6
		„ street	6
		„ works	12
Private Ambulance	—		14
Mortuary vehicle	—	„ home	72
		„ hospital	101
			<hr/> 280 <hr/>

### MONTHLY ADMISSIONS

January	28	July	25
February	39	August	16
March	26	September	21
April	21	October	22
May	15	November	21
June	17	December	29
			<hr/> 280 <hr/>

### CAUSES OF DEATH.

	County Borough	Outside County Borough	Total
Medical and surgical conditions	155	49	204
Murder	1	—	1
Suicide	7	4	11
Works accidents	3	13	16
Road accidents	9	12	21
Home accidents	15	8	23
Other accidents	1	3	4
	<hr/> 191 <hr/>	89	<hr/> 280 <hr/>

## DETAILS OF SUICIDES IN THE COUNTY BOROUGH

Cause of Death						Sex	Age
Coal gas poisoning	...	...	...	...	...	F	67
"	"	...	...	...	...	F	56
"	"	...	...	...	...	M	53
"	"	...	...	...	...	M	23
Barbiturates	...	...	...	...	...	F	71
"	...	...	...	...	...	F	57
"	...	...	...	...	...	M	42

## INFECTIOUS DISEASES AND TUBERCULOSIS

The prevalance of the infectious diseases notifiable in the County Borough is shown in the following table :—

Disease	1962	1963	1964	1965	1966
Acute encephalitis—Infective ...	—	—	—	—	—
Post-infectious	—	—	—	—	—
Acute poliomyelitis—Paralytic ...	—	—	—	—	—
Non-paralytic	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—
Dysentery ... ..	60	37	43	112	4
Encephalitis lethargica ... ..	—	—	—	—	—
Erysipelas ... ..	6	2	2	8	1
Food poisoning ... ..	1	14	3	7	6
Malaria ... ..	—	—	—	1	—
Measles ... ..	27	2112	720	741	857
Meningococcal infection ... ..	2	1	1	1	—
Ophthalmia neonatorum ... ..	—	—	—	—	—
Pemphigus neonatorum ... ..	—	—	—	—	—
Pneumonia ... ..	25	18	27	17	25
Puerperal pyrexia ... ..	27	40	33	37	29
Relapsing fever ... ..	—	—	—	—	—
Scarlet fever ... ..	69	124	95	111	51
Smallpox ... ..	—	—	—	—	—
Typhoid and paratyphoid fevers ...	—	—	—	4	2
Typhus fever ... ..	—	—	—	—	—
Whooping cough ... ..	2	191	47	77	45
Tuberculosis—Respiratory ... ..	27	27	23	29	11
Other forms ... ..	7	5	5	3	1
Totals ... ..	253	2571	999	1148	1032

Notifiable disease	No. of cases notified														Total cases notified in each ward of the borough										Total cases removed to hospital	Total deaths	
	At ages—years														Clifton	East	Greasbrough	Herringthorpe	Kimberworth	Masbro'	St. Ann's	South	Thornhill	Thorpe Hesley			West
	At all ages	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 to 35 years	35 to 45 years	45 to 65 years	65 years and over	Age Unknown													
Acute encephalitis—Infective	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post infectious ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute poliomyelitis—Paralytic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-paralytic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	4	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...
Encephalitis lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	1	...	...	2	...	...	...	...	2	...	1	...	...	...	...	...	1	4	...	...	...	...	...	...	...	...	...
Food poisoning ...	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	857	40	140	128	129	107	298	12	1	1	...	...	...	57	66	36	49	157	134	77	47	70	92	72	13	...	...
Meningococcal infection	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pemphigus neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ...	25	...	...	...	...	...	...	...	...	3	...	7	...	3	3	4	5	1	...	1	4	1	1	2	1	4	...
Puerperal pyrexia	29	...	...	...	...	...	...	...	...	20	2	...	15	2	2	...	1	3	1	2	...	...	...	13	28	...	...
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever	51	...	...	5	6	5	31	2	1	1	...	...	...	1	9	...	4	7	8	1	6	3	12	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid and paratyphoid fevers	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Typhus fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough ...	45	2	7	8	6	8	10	3	1	...	...	...	...	3	6	5	2	8	7	6	1	2	2	3	1	6	...
Tuberculosis: respiratory—Males	7	...	...	...	...	...	...	...	1	1	1	5	...	...	1	...	1	...	2	1	2	...	1	...	2	...	...
Females	4	...	...	...	...	...	...	...	...	1	1	1	...	...	1	...	...	...	...	1	1	...	1	...	...	...	...
Other Forms—Males ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Totals	1032	43	147	144	141	120	339	18	10	32	5	15	17	67	88	45	64	181	153	88	61	82	108	95	59	4	...



The following table gives details of the notifications received monthly throughout the year :—

Notifiable disease	January	February	March	April	May	June	July	August	September	October	November	December	Total
Acute encephalitis — Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis— Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	1	1	—	—	—	1	—	1	4
Encephalitis lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	1	—	—	—	—	—	—	—	—	1
Food poisoning ...	—	—	4	—	—	—	1	—	1	—	—	—	6
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	19	4	10	112	185	261	121	70	29	19	5	22	857
Meningococcal infection ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Pemphigus neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	2	10	5	1	—	—	1	2	—	—	—	4	25
Puerperal pyrexia ...	3	1	5	5	—	4	3	3	3	—	2	—	29
Relapsing fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ...	8	4	1	6	8	7	2	5	2	4	1	3	51
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	2	—	—	—	2
Typhus fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	4	6	—	5	2	—	1	3	6	2	6	10	45
Tuberculosis: respiratory, Males	1	2	1	—	1	—	—	—	—	—	1	1	7
Females ...	3	—	—	—	—	1	—	—	—	—	—	—	4
Other forms—Males	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ...	1	—	—	—	—	—	—	—	—	—	—	—	1
Totals ...	41	27	26	130	197	274	129	83	43	26	15	41	1032

During the year 59 cases of notifiable diseases were notified from or removed to hospitals in the district, and the following table gives the distribution :—

Disease	Infectious Diseases Hospitals			Other Hospitals			Total
	Lodge Moor Sheffield	Doncaster Isolation Hospital	Kendray Hospital, Barnsley	Moorgate General Hospital	Rotherham Hospital	Other Hospitals	
Dysentery ... ..	2	-	-	-	-	-	2
Erysipelas ... ..	-	-	-	-	-	1	1
Food Poisoning ... ..	3	-	-	-	-	-	3
Malaria ... ..	-	-	-	-	-	-	-
Measles ... ..	13	-	-	-	-	-	13
Meningococcal Infection ... ..	-	-	-	-	-	-	-
Paratyphoid Fever ... ..	-	-	-	-	-	-	-
Pneumonia ... ..	-	1	-	-	-	-	1
Puerperal Pyrexia ... ..	-	-	-	28	-	-	28
Scarlet Fever ... ..	-	-	-	-	-	-	-
Tuberculosis ... ..	1	-	-	-	-	7	8
Typhoid Fever ... ..	2	-	-	-	-	-	2
Whooping Cough ... ..	1	-	-	-	-	-	1
Total ... ..	22	1	-	28	-	8	59

In addition to these cases, 74 patients were admitted to Lodge Moor Hospital, Sheffield, for observation and were ultimately diagnosed as follows :—

	Final Diagnosis																
Admitted for observation for	Bronco-pneumonia	Carcinoma of Stomach	Cellutitis Face	Diarrhoea and Vomiting	Diarrhoea (non-specific)	Gastro-enteritis (non-specific)	Infective Hepatitis	Lobar Pneumonia	Meningococcal Meningitis	Otitis media	Tonsillitis	Tracheo Bronchitis	Ulcerative Colitis	Ulcerative Stomatitis	Virus Meningitis	N.A.D.	TOTAL
Bronchiolitis and Whooping Cough ... ..												1					1
Chicken Pox ... ..																	2
Diarrhoea and Vomiting ... ..					4	2				2							6
Dysentery ... ..					1												3
Enteritis ... ..	1				1											2	1
Fungus infection ... ..																	1
Gastro-enteritis ... ..				1	20	12		1					1				35
Gastro-enteritis and Jaundice							1										1
Hepatitis ... ..						1											1
Infection Nose and Mouth ... ..			1														1
Infective Hepatitis ... ..		1				3											4
Jaundice ... ..						2											2
Measles ... ..							1										1
Measles and Diarrhoea ... ..						1											1
Meningitis ... ..						1					1						6
P.U.O. ... ..		1						1							4		2
Throat infection ... ..											1						1
Virus Meningitis ... ..															2		2
Virus Pneumonia and Whooping Cough ... ..								1									1
Meningococcal Infection ... ..									1								1
Total ... ..	1	2	1	1	26	22	2	3	1	2	2	1	1	1	6	2	74

In amplification of the foregoing tables the following observations are made on the number of notifiable diseases.

There were no cases of diphtheria or acute poliomyelitis notified during the year by general medical practitioners.

Of the 4 cases of dysentery notified, 2 were treated in hospital.

1 case of erysipelas was reported and admitted to hospital.

857 cases of measles were reported during the year and 13 cases were treated in hospital. No deaths occurred from this disease.

45 cases of whooping cough were notified, and 1 was treated in hospital.

29 notifications of puerperal pyrexia were received, 28 of which were reported from hospital.

51 notifications of scarlet fever were received. No deaths occurred.

6 notifications of food poisoning were received during the year, 3 were treated in hospital, and no deaths occurred.

Of 25 cases of pneumonia reported, 4 died and 1 was admitted to hospital.

12 cases of tuberculosis were notified and 8 cases were admitted to hospital.

There were no cases of malaria reported.

2 cases of typhoid fever were notified, both of which were reported from hospital.

# TUBERCULOSIS

## NEW CASES AND MORTALITY DURING 1966

NOTIFICATION AND DEATHS.—The following table gives details of the number of primary notifications received during the year :

Pulmonary		Non-pulmonary		Total
Males	Females	Males	Females	
7	4	—	1	12

In addition, the following cases were brought to notice other than by formal notification :

	Pulmonary	Non-pulmonary
Death returns from local registrars ... ..	2	—
Transferable deaths from Registrar General ...	—	—
Posthumous notifications ... ..	—	—

Particulars of new cases of tuberculosis and of deaths from the disease are given in the following table :

Age period Years	New cases*				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 ...	—	—	—	—	—	—	—	—
1-2 ...	—	—	—	—	—	—	—	—
2-5 ...	—	—	—	—	—	—	—	—
5-10 ...	—	—	—	—	—	—	—	—
10-15 ...	—	—	—	—	—	—	—	—
15-20 ...	1	1	—	—	—	—	—	—
20-25 ...	—	—	—	—	—	—	—	—
25-35 ...	1	—	—	—	—	—	—	—
35-45 ...	—	1	—	—	—	—	—	—
45-55 ...	2	1	—	—	—	—	—	—
55-65 ...	3	—	—	—	2	—	—	—
65-75 ...	—	1	—	—	2	—	—	—
75 and upwards ...	—	—	—	1	—	—	—	—
Totals ...	7	4	—	1	4	—	—	—

\* Primary notifications, including other new cases which have come to the knowledge of the Medical Officer of Health during the year.

A review of the deaths which occurred during 1966 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death :

Notification	Pulmonary	Non-pulmonary
After death	—	—
Within one month	—	—
1—3 months	1	—
4—6 months	—	—
7—12 months	—	—
1—2 years	—	—
2—3 years	—	—
3—4 years	—	—
4—5 years	—	—
Over 5 years	2	—
From death returns	1	—
Total number of deaths from tuberculosis	4	—
Causes other than tuberculosis	11	—

No action was required for cases of wilful neglect or refusal to notify.



## MASS RADIOGRAPHY SURVEY

The Sheffield Mass Radiography Unit visited Rotherham in conjunction with the multi-screening clinic. The number of patients referred to their own doctors was 81, and 19 were referred to the Chest Clinic ; of this latter total 5 were found to be suffering from active tuberculosis.

The following table summarises the attendances when the unit visited the town :—

Attendances for :	Male	Female	Total
Miniature film examination :			
General Public .....	1,744	3,102	4,846
Doctor's Patients .....	5	1	6
Booked Groups .....	3	7	10
Ante-Natal Patients .....	—	—	—
	1,752	3,110	4,862
Large film recalls .....	26	17	43
Total attendances	1,778	3,127	4,905

Of the 4,862 persons attending, 43 were recalled for re-examination by large film. Of these, 26 were males and 17 females.

The following table gives details of the persons who were referred to their own doctor, the Chest Clinic, or to hospital, etc :

	Males	Females	Total
Chest Clinic .....	13	6	19
Patient's own doctor .....	52	29	81
	65	35	100

The provisional diagnoses of the persons referred to the Chest Clinic were as follows :—

Provisional diagnosis	Males	Females	Total
Active tuberculosis .....	4	1	5
Inactive tuberculosis .....	2	—	2
Sarcoidosis .....	—	1	1
Bronchiectasis .....	—	1	1
Pneumoconiosis .....	1	—	1
Pneumoconiosis with P.M.F. ....	1	—	1
Acute inflammatory lesions .....	1	1	2
Heart disease .....	1	—	1

Provisional diagnosis			Males	Females	Total
Post Inflammatory fibrosis	....	....	1	1	2
Bronchitis and emphysema	....	....	1	—	1
			<hr/>	<hr/>	<hr/>
		Total	12	5	17
			<hr/>	<hr/>	<hr/>

The following table shows some other abnormalities found during the survey :—

Abnormality :			Males	Females	Total
Inactive tuberculosis	....	..	3	3	6
Bronchitis and emphysema	....	....	30	6	36
Pneumoconiosis	....	....	15	—	15
Bronchiectasis	....	....	—	1	1
Acute inflammatory lesions	....	....	1	—	1
Heart disease	...	....	8	18	26
Eventration of diaphragm	....	....	1	—	1
Hiatus hernia	....	..	1	3	4
Post inflammatory fibrosis	....	....	3	—	3
Post radiation fibrosis	....	....	—	1	1
Thyroid enlargement	....	....	—	2	2
Plural thickening	....	....	2	—	2
Healed lesions	....	....	1	1	2
			<hr/>	<hr/>	<hr/>
		Total	65	35	100
			<hr/>	<hr/>	<hr/>

## VENEREAL DISEASE

The following table gives the number of new cases of gonococcal infection occurring in the County Borough :

Year	15-19 years		20 years and over		Total
	Male	Female	Male	Female	
1961	2	5	63	9	79
1962	1	2	32	3	38
1963	—	1	23	13	37
1964	1	1	21	5	28
1965	—	—	14	4	18
1966	1	—	11	3	15

# CARE OF MOTHERS AND YOUNG CHILDREN

## CHILD WELFARE CENTRES

The following table shows the usage of the clinics :

Centre	Sessions held		New registrations			Total children attending			Total attendances			Medical consultations		
	Dr.	H.V.	Un. 1 yr.	1-2 yrs.	2-5 yrs.	Un. 1 yr.	1-2 yrs.	2-5 yrs.	Un. 1 yr.	1-2 yrs.	2-5 yrs.	Un. 1 yr.	1-2 yrs.	2-5 yrs.
Blackburn ...	24	28	52	5	3	96	46	56	664	249	132	244	72	27
Broom Lane ...	51	48	209	16	21	363	189	216	2092	832	604	818	413	156
Broom Valley ...	24	23	74	6	10	126	47	60	753	214	193	244	57	31
Canklow ...	48	-	83	5	6	138	44	54	796	228	151	513	121	70
Cranworth Road	98	-	281	19	19	420	147	165	1974	553	487	1293	312	180
Ferham ...	98	-	359	22	16	552	168	204	2887	662	508	1661	280	118
Greasbrough ...	23	29	75	4	5	124	52	59	932	354	154	276	57	28
High Greave ...	24	28	90	2	2	136	42	53	737	181	141	351	87	33
Thorpe Hesley ...	23	25	48	3	1	77	31	40	659	219	152	153	53	26
Wheatley Road	52	48	190	8	6	328	121	204	2315	677	624	736	195	104
Total 1966 ...	465	229	1461	90	89	2360	887	1111	13809	4169	3146	6289	1647	773
Total 1965 ...	466	232	1483	96	102	2403	901	1197	15197	4466	3545	6992	1978	894

In all, 4,358 children made 21,124 attendances during 1966 compared with 4,501 children making 23,208 attendances during 1965.

In addition to the child welfare clinics the following pre-school children were referred during 1965 to the specialist and other treatment clinics held on centre premises.

	Cases	Total Inspections
Orthopaedic ...	28	55
Physiotherapy ...	7	297
Aural treatment ...	143	489
Ophthalmic ...	15	31
Chiropody ...	8	8
Dental ...	323	434
Minor ailment treatment ...	30	82
Speech Therapy ...	28	167

At the Ophthalmic clinic 15 children under 5 years of age were submitted for refraction. In 10 cases glasses were prescribed.

### HEALTH EDUCATION.

Nine talks were given to outside organisations. Posters and displays in show cupboards were used in child welfare clinics to depict subjects appertaining to health.

The film "To Janet a Son" was shown to expectant mothers and their husbands at four evening sessions when more than 100 people attended on each occasion. This film is very popular and is in great demand.

Arrangements were made for a group of sixth form girls from one secondary modern school to attend a clinic for instruction in mothercraft. Similar arrangements are being made at the request of another secondary school.

CONGENITAL DEFECTS

The following analysis shows the number of children notified to have been live or still-born during the year 1966 with the listed congenital defects.

Congenital defect						Number of births
Congenital heart disease	...	...	...	...	...	4
Talipes ...	...	...	...	...	...	4
Anencephaly ...	...	...	...	...	...	2
Oesophageal atresia ...	...	...	...	...	...	2
Harelip and cleft palate	...	...	...	...	...	2
Spina bifida ...	...	...	...	...	...	2
Abnormal digits	...	...	...	...	...	2
Hypospadias ...	...	...	...	...	...	2
Absent internal nares ...	...	...	...	...	...	1
Exomphalos ...	...	...	...	...	...	1
Multiple abnormalities...	...	...	...	...	...	2
						<hr/> 24 <hr/>

REGISTER OF POTENTIALLY HANDICAPPED CHILDREN UNDER FIVE

This register provides a brief medical summary on those children who are handicapped or potentially handicapped. It is used to facilitate periodic review of treatment and guidance given, as an indication of the need for special education and for planning purposes.

At the end of the year 128 children were on the register and an analysis of the main reasons for inclusion is shown below :

Retardation ...	...	...	...	...	...	33
Other conditions	...	...	...	...	...	18
Spina bifida, meningocoele, hydrocephalus	...	...	...	...	...	16
Congenital heart disease	...	...	...	...	...	15
Epilepsy ...	...	...	...	...	...	7
Cleft palate, harelip	...	...	...	...	...	7
Abnormalities of urinary system	...	...	...	...	...	7
Abnormalities of alimentary system	...	...	...	...	...	7
Disorders of vision	...	...	...	...	...	6
Cerebral palsy ...	...	...	...	...	...	5
Talipes ...	...	...	...	...	...	3
Congenital dislocation of hip	...	...	...	...	...	2
Reduction deformities	...	...	...	...	...	2
						<hr/> 128 <hr/>

46 children were removed from the register for various reasons, e.g. because they had recovered, moved out of the Borough, died or became of school age.

Our local paediatrician, Dr. C. C. Harvey, gives invaluable help in the compilation and maintenance of this register.



## DENTAL TREATMENT 1966 FOR MATERNITY AND CHILD WELFARE PATIENTS

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The number of patients referred from the Maternity and Child Welfare Clinics continued to fall in 1966. Although two more infants (323) were treated than in 1965, twenty-nine fewer mothers were seen (125). The exact details of treatment given at the clinics can be found in the appended tables.

Three fewer teeth were extracted (578) than in 1965 and three more teeth filled (44) for these under school age patients, so that this is conforming, albeit slowly, to what we are informed is the modern pattern of dental treatment.

While the majority of expectant mothers will continue to attend their own dentists for treatment during their pregnancy and nursing time afterwards, it might lead to increased dental care of the infants if they could be seen regularly at say four monthly intervals, from the age of  $2\frac{1}{2}$  years onwards. At present the dentists only see those unfortunates who have had toothache and been referred to them by the general medical practitioner or the doctor at the local authority clinic; thus the first visit is often not one calculated to encourage the child to make a second visit any earlier than he need. Only when children begin to attend *before* they have toothache, can we begin to increase the number of fillings in deciduous teeth. However, at the moment we are not empowered to inspect pre-school children dentally, as a routine, as we are school-age children, and this makes successful conservation of the milk teeth an even more difficult problem. Fortunately the young mothers of today do seem to have more regard for the care of their infants' teeth and probably a voluntary dental inspection could be arranged by sending appointments to the parents at home, if these addresses could be made available to us through the health visitors' list of infants. It is also possible that a high-speed dental air-rotor drill will soon be available with a very small head and also very much less noisy than the present ones—this, of course, will mean increased expenditure but would make fillings in very small mouths a much less trying occupation for all concerned than it is at present.

The National Health Service is still evolving and changes there may well be in the provision of dental health and treatment to the population as a whole.

It might be appropriate at this juncture to consider the future of the local authority dental service in the light of developments in the National Health Service.

During the years following the inception of the National Health Service in 1948, the so called priority classes were the groups which experienced great difficulty in obtaining dental treatment within the framework of the service. Many busy general dental practitioners in trying to cope with the overwhelming and to some extent unexpected demand for treatment were compelled to limit treatment to the more co-operative adult, rather than to the child patient, the treatment of whom initially makes heavy demands on a practitioner's time and patience.



The result of this was that the local authority service, already depleted in man power by the loss of many dental officers to the National Health Service, found itself the main provider of treatment for the school and pre-school population. Fortunately during the last ten years the position has gradually improved. The initial demand for treatment by the adult population has been largely satisfied and young dental surgeons qualifying today are taught the principles of children's dentistry and orthodontics. To them, a child patient can be treated as successfully as an adult and a child patient who has received treatment is likely to continue as a patient in the practice throughout his adult life.

In assessing the future of the local authority service the changing dental requirements of the school population and of the maternity and child welfare patients must be carefully evaluated.

The main function of the service was the inspection and offering of treatment to school children who in the majority of cases would have no other contact with the dental profession and whose parents would be unlikely to seek dental treatment for their children on their own initiative, unless informed of the need at a statutory inspection. This original conception of the local authority service is no longer valid in an area such as Rotherham which, although an industrial district, has a reasonable dental practitioner/population ratio. It is now gratifying to notice at a routine school inspection the numbers of children who are receiving regular conservative treatment from practitioners in the National Health Service. This may be due to two main factors, the increase in the number of younger practitioners in the area and the improvement in the general education standards of parents who nowadays realise the importance of good dental health and who wish their children to take advantage of facilities which were not available to an earlier generation.

The fall in the number of expectant and nursing mothers treated at the local authority clinics can also be attributed to an improvement of educational standards. Many women are already patients of practitioners and naturally receive any necessary treatment during the ante and post natal periods from their regular dental surgeon. It might also be added that this treatment is free and so removes one of the reasons why formerly maternity patients came to the local authority clinics when a charge was made for this treatment under the National Health Service regulations.

The question of the future position of the local authority service can now be considered.

It is of the utmost importance that the two dental services be considered as complementary to each other and not in any way as rivals.

As far as providing treatment is concerned the patient must be given freedom of choice as to whether he attends a local authority clinic or a general dental practitioner. If the choice is for a local authority clinic the treatment must be given by fully qualified staff in pleasant and well equipped surgeries. Every effort should be made for the treatment to be personal and not anonymous, the school dental surgeon being known by name to both patient and parent. The subject-matter of dentistry is now so extensive that paedodontics itself is highly complex and even with a good dental surgeon/population ratio some practitioners will prefer that young patients are treated by a person who has both the specialised knowledge and the interests of children at heart. This therefore is the place of a school dental service.

In the realm of the Maternity and Child Welfare Service the emphasis must be moved from the treatment of the expectant mother to her dental health education. The ante-natal class is an ideal place for an intensive scheme within the framework of general health education to be given at a time when the mother is in a receptive frame of mind and wishes to do her best for her unborn child. In the post-natal period and during subsequent visits to the child welfare clinics close contact with the dental department should be maintained so that for the pre-school child a visit to a dental surgery is an ordinary occurrence and is no frightening procedure.

Dental health education whilst being an important subject can only be considered in the wider context of general health education and whilst dental officers can offer their technical advice on such projects the actual planning is better carried out by health education personnel leaving the dental officer to concentrate on the more complicated and academic work for which he was trained and which only he can perform.

Finally, the school dental officer is in an excellent position to inaugurate various statistical research projects. There are many aspects of paedodontics in which there are no exact figures and many conclusions appear to have been reached as a result of conjecture. Here is an excellent opportunity for the school service to further the bounds of knowledge.

In conclusion it can be unequivocally stated that the local authority service has a purpose and a future in the treatment of patients although when the choice is offered many parents will prefer their children to be treated by their family dental surgeon. The school inspection will still remain an important part of the service for in this way parents are notified of the need for treatment and are given information as to where that treatment may be obtained.

The following table gives details of the treatment given at the dental clinics to expectant and nursing mothers and to young children under 5 years of age, during 1966.

	Children under 5 yrs. of age	Expectant and nursing mothers	Total	
			1966	1965
Total attendances ... ..	434	403	837	997
No. of individuals treated ... ..	323	125	448	475
Extractions—permanent teeth ... ..	—	320	320	440
temporary teeth ... ..	578	—	578	581
Fillings—permanent teeth ... ..	—	76	76	88
temporary teeth ... ..	44	—	44	41
Anaesthetics—local ... ..	1	62	63	90
general ... ..	265	76	341	344
Other operations ... ..	136	290	426	559
No. of patients supplied with dentures ...	2	30	32	78

CARE OF THE PREMATURE INFANT

All infants weighing 5½lb. or less at birth are regarded as premature babies irrespective of the period of gestation.

The following table gives details of the premature births during the year :

	Total births	Premature births	Percentage
Live births ... ..	1606	113	7.04
Still-births ... ..	39	22	56.41
Total	1645	135	8.2

Of the 135 premature births, 83 live births and 20 still-births occurred in hospital; 30 live births occurred at home of which 7 were transferred to hospital.

Details of the birth weights of these babies are given in the following table which also gives the numbers who died within 24 hours of birth and those surviving at the end of 28 days.

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL BIRTHS	
	Born in hospital				Born at home or in a nursing home								Born in hospital	Born at home or in a nursing home
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died within 24 hours of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hours of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hours of birth	Died in 1 and under 7 days	Died in 7 and under 28 days		
2 lb. 3 oz. or less	-	-	-	-	-	-	-	-	-	-	-	-	4	-
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	11	4	1	1	-	-	-	-	4	1	-	-	7	1
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	19	2	-	-	2	-	-	-	3	-	1	-	4	1
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	16	1	-	-	4	-	-	-	-	-	-	-	5	-
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	37	1	1	-	17	1	-	-	-	-	-	-	-	-
Totals	83	8	2	1	23	1	-	-	7	1	1	-	20	2

The premature baby nurse attended 118 babies during the year and made 2,490 visits in connection with these babies.

There were four deaths among the babies visited, the highest number since the commencement of the service in 1950. Three of these babies had congenital defects and the fourth baby died from respiratory infection. In addition to this, five babies were admitted to hospital with acute respiratory infections and one baby with diarrhoea and vomiting; all these babies made a good recovery.

There were several babies needing intensive visiting, some because of the youth and inexperience of the parents and others whose parents were incapable of giving the necessary care. Two babies were admitted to the temporary care of the Local Authority because they were considered to be at great risk in their own homes and also extra visiting was necessary to keep them safe.

There were nine special clinics for the estimation of haemoglobin levels of premature babies and any other children who were clinically anaemic. The number of tests carried out was 146. New equipment was purchased for the clinic which has simplified and speeded up the tests.

The number of babies other than premature visited by the nurse was 17 and she made 181 visits to these babies. The number of other visits made by the premature baby nurse was 231.



Details of the babies cared for during 1966 were as follows :

	Premature babies	Weakly babies other than premature	Total
In care at the beginning of the year ... ..	9	—	9
New cases, 1966 ... ..	118	17	135
Total infants ... ..	127	17	144
Infants discharged from care as :			
adjusted ... ..	108	13	121
died ... ..	2	—	2
transferred out ... ..	1	—	1
admitted to hospital ... ..	10	4	14
Infants remaining in care at end of the year ...	6	—	6
Visits paid ... ..	2,490	181	2,671

### ANALYSIS OF CAUSES OF INFANT DEATHS

Age	Cause of death	Number	
0-7 days	Asphyxia ... ..	4	22
	Birth trauma ... ..	3	
	Prematurity ... ..	11	
	Congenital abnormalities ... ..	3	
	Pneumonia ... ..	1	
1-4 weeks	Prematurity ... ..	1	3
	Congenital abnormalities ... ..	2	
1-12 months	Respiratory infection... ..	6	13
	Congenital abnormality ... ..	5	
	Enteritis ... ..	2	
			38
All infants	Respiratory infection... ..	7	38
	Birth trauma ... ..	3	
	Prematurity ... ..	12	
	Congenital abnormality ... ..	10	
	Enteritis ... ..	2	
	Asphyxia ... ..	4	
			38

## CHILDREN'S COMMITTEE—RESIDENTIAL NURSERY AND CHILDREN'S HOMES

All children were examined on admission and discharge from the nursery and a medical inspection of all children took place each month.

Children given triple antigen (diphtheria, whooping cough and tetanus) ... ..	10
Children vaccinated against poliomyelitis ... ..	8
Medical examinations ... ..	496
Visits made by medical officers ... ..	83
Visits made by health visitors ... ..	15

## WELFARE COMMITTEE—TEMPORARY ACCOMMODATION

Two families consisting of two adults and four children were in temporary accommodation at the beginning of the year, one new family was accommodated during the year and one family consisting of two adults and three children remained in temporary accommodation at the end of the year. They were evicted from other property for non-payment of rent and they maintain a fair standard of hygiene.

## SALE OF WELFARE FOODS

The following table gives details of the sales of Welfare Foods in the County Borough during the last five years :

	1962	1963	1964	1965	1966
National dried milk	35,024	32,015	26,578	23,618	18,522
Cod liver oil ...	1,671	1,170	1,049	1,071	1,119
A and D tablets ...	3,388	2,681	2,254	2,042	1,653
Orange juice ...	19,177	16,189	15,556	17,019	16,488
	<hr/> 59,260 <hr/>	<hr/> 52,055 <hr/>	<hr/> 45,437 <hr/>	<hr/> 45,715 <hr/>	<hr/> 37,782 <hr/>

# MATERNITY SERVICES AND THE DOMICILIARY MIDWIVES SERVICE

## MATERNITY SERVICES

The following table shows the number of confinements amongst women normally resident in the County Borough :—

A. SERVICES PROVIDED WITHIN THE COUNTY BOROUGH :—				1962	1963	1964	1965	1966
Moorgate General Hospital ...	...	...	...	425	472	490	518	517
Private nursing homes ...	...	...	...	43	50	42	22	24
Domiciliary confinements ...	...	...	...	722	706	642	589	555
B. SERVICES PROVIDED OUTSIDE THE COUNTY BOROUGH :—								
Jessop Hospital ...	...	...	...	26	23	33	37	36
Listerdale Maternity Home ...	...	...	...	364	374	443	404	423
Hallamshire Maternity Home ...	...	...	...	14	9	15	15	20
Private nursing homes and other institutions ...	...	...	...	32	30	28	36	28
Domiciliary confinements ...	...	...	...	6	5	12	7	9
Total confinements				1632	1669	1705	1628	1612

The following table gives a picture of the maternity work undertaken in the County Borough :—

Year	Confinements occurring in						Total
	Hospitals Maternity Homes		Private Maternity Homes		Domiciliary arrangements		
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
1959	668	45.17	57	3.85	754	50.98	1,479
1960	758	48.59	61	3.91	741	47.50	1,560
1961	810	50.94	48	3.02	732	46.04	1,590
1962	829	50.80	75	4.59	728	44.61	1,632
1963	878	52.61	80	4.79	711	42.60	1,669
1964	981	57.54	70	4.10	654	38.36	1,705
1965	974	59.83	58	3.56	596	36.61	1,628
1966	996	61.79	52	3.23	564	34.98	1,612

The following statement gives the number of applications for hospital confinement investigated by the midwives and appropriate recommendations made :

	1959	1960	1961	1962	1963	1964	1965	1966
Total number of Rotherham patients confined in hospital and maternity homes ... ..	668	758	858	904	958	1051	1032	1048
Priority applications reported upon ...	229	325	258	224	150	188	235	556

### DOMICILIARY MIDWIVES SERVICE

Mrs. M. K. Smith commenced duty on 1st January, 1966 and left the service on 30th September, 1966. Miss B. D. Walker left on 22nd May, 1966 to take a nursing post in Australia. Mrs. P. Abbott was granted maternity leave from 11th September, 1966 and is still off at the time of report. Mrs. M. Fox left on 31st March, 1966 to take a midwifery post at City General Hospital, Sheffield. Miss E. Atkinson retired on 31st October, 1966.

Mrs. I. Williams commenced duty on 1st March, Mrs. P. Peace on 13th June, Mrs. E. Hardman on 12th September and Miss J. Pass on 1st October, 1966.

The annual inspection of midwives' records and drugs was carried out by Mr. D. Ballantine, F.R.C.S., F.R.C.O.G., L.M., Consultant Obstetrician and Medical Supervisor of Midwives.

A rota system was introduced in March, giving the midwives three evenings and four days off duty in every fourteen days.

Five midwives helped to staff the cervical cytology section of the health screening clinic which was held from 25th October to 4th November, 1966.

Third year nursing students were given instructions on Local Authority Health Services by the Non-Medical Supervisor of Midwives.

Reviewing the domiciliary midwifery services of the County Borough during the same period, which are provided by the Maternity Services Scheme of the Executive Council and the Domiciliary Midwives Scheme of the County Borough Council, the following table gives details of the bookings of patients confined and includes the few non-residents who had their confinements in the County Borough :

Year	Doctor NOT booked for confinement		Doctor booked for confinement		Total
	Number	Per cent.	Number	Per cent.	
1959	144	18.92	617	81.08	761
1960	106	14.27	637	85.73	743
1961	79	10.78	654	89.22	733
1962	59	8.03	676	91.97	735
1963	41	5.75	672	94.25	713
1964	37	5.72	610	94.28	647
1965	24	3.98	579	96.02	603
1966	12	2.15	546	97.85	558

It will be seen that whereas in 1959 81.08 per cent. of the women confined at home booked their confinement with a doctor, during subsequent years this has progressively increased until in 1966 the percentage has increased to 97.85 per cent. Bookings for a midwife only show the reverse by decreasing from 18.92 per cent. in 1959 to 2.15 per cent. in 1966.

The effect of the increased bookings by doctors upon the work of the District Ante-natal Clinics is reflected in the decrease in the numbers of women attending and in the total attendance made :

			1959	1960	1961	1962	1963	1964	1965	1966
Women attending ...	...	...	238	209	175	141	111	99	71	57
Attendances ...	...	...	504	418	386	296	247	206	141	81

Attendances at clinics attended by district midwives :

			1959	1960	1961	1962	1963	1964	1965	1966
Attendances ...	...	...	3004	3246	3488	3673	3649	3534	3377	3243

The midwives refer all their booked cases to the district ante-natal clinics which are attended by the consultant obstetrician who acts as the Corporation's Obstetric Officer. Reports of his examination are sent to the patient's own doctor and sometimes result in the cases being booked by the doctor. Midwives hold sessions at the clinics at which their own booked cases and cases booked by a doctor attend with the doctor's permission.



A further obligation which the Domiciliary Midwives Service has undertaken in recent years is the nursing care of hospital maternity cases who have been discharged home before the tenth day. The following table gives details :

	1959	1960	1961	1962	1963	1964	1965	1966
Total (County Borough) hospital confinements ... ..	668	758	810	829	878	981	974	966
Hospital discharges before the 10th day	586	429	276	367	404	549	626	697
Percentages ... ..	87.7	56.59	34.07	44.27	46.01	55.96	64.27	69.68

Patients who were booked and delivered by midwives were encouraged to attend for examination at the post-natal clinic held jointly with the district ante-natal clinic, and the details of midwives cases delivered, and cases attending and attendances at the post-natal clinic, are as follows :

Year	Midwives' bookings delivered	Midwives' cases attended post-natal clinic		Post-natal attendances
		Number	Per cent.	
1959	144	54	37.5	67
1960	106	51	48.1	57
1961	79	30	37.9	35
1962	59	36	61.0	41
1963	41	21	51.2	25
1964	37	15	40.5	22
1965	24	16	66.6	18
1966	12	6	50.0	7

Domestic help is provided to maternity cases under the Act and the following table summarises the assistance rendered by the Home Help Service during the years 1959-1966.

Year	Number of domiciliary confinements	Maternity cases served by Home Helps		Hours of service rendered	Average hours per case
		Number	Per cent.		
1959	754	128	16.9	11,319	88.4
1960	741	135	18.2	11,443	84.8
1961	732	138	18.8	11,441	82.9
1962	732	144	19.6	10,945	76.0
1963	712	176	24.7	13,469	76.5
1964	647	164	25.3	13,383	81.6
1965	603	208	34.5	14,781	71.0
1966	558	200	35.9	13,258	66.3

The domestic assistance given by relatives during the lying-in period should not be overlooked and many cases receive help from this source. The services of the home help during the ante and post-natal periods which are provided on medical certificate, are included in the above figures.

EXPECTANT AND NURSING MOTHERS.

Of the 295 expectant mothers who attended mothercraft and relaxation classes 49 were booked for home confinement. A total of 1,979 attendances were made, compared with 327 women making 2,172 attendances in 1965.

DISTRICT ANTE-NATAL AND POST-NATAL CLINICS.

The following table gives details of the attendances at the consultant ante-natal clinics during 1966 :

Clinics	Sessions held	New cases		Total women attending		Total attendances	
		A.N.	P.N.	A.N.	P.N.	A.N.	P.N.
Ferham ... ..	11	43	3	47	3	67	4
Cranworth Road ...	14	6	2	7	3	11	3
Wheatley Road ...	3	3	—	3	—	3	—
Total ...	28	52	5	57	6	81	7

POST GRADUATE COURSES.

Post graduate courses in Southampton were attended by Mrs. E. Hawley and Mrs. N. Edwards from 27th March to 2nd April, 1966.

PUPIL MIDWIVES.

One pupil who commenced training in 1965 completed her training and passed the examination in 1966. Of seven other pupils who trained in 1966 six were successful in the examination and the seventh passed on her second attempt.

HOSPITAL LIAISON.

Maternity liaison meetings have been attended during the year and frequent visits have been made by the Non-Medical Supervisor of Midwives to Moorgate General Hospital and Listerdale Maternity Home to discuss hospital priority and 48 hour discharges.

District midwives and home nurses attended 697 mothers discharged from local maternity hospitals and maternity homes before the tenth day, equal to a saving of 4,436 patient days. Some of these cases were booked with the domiciliary service, but were admitted to hospital for medical reasons or in emergency, and returned home to the care of the midwife concerned as soon as the emergency was over. 450 patients were discharged from hospitals on the first or second day as compared with 370 in 1965.

The following table shows the number of maternity patients who were discharged from hospital prior to the tenth day :

Hospital or Maternity Home	Discharged on the (day)									Total
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	
Moorgate General ... ..	31	156	18	14	7	15	12	25	14	292
Listerdale Maternity ... ..	2	256	1	6	8	19	16	33	29	370
Hallamshire Maternity ... ..	—	—	—	—	—	—	—	—	2	2
Jessop, Sheffield ... ..	—	4	—	—	1	8	10	1	—	24
City General, Sheffield ... ..	—	1	—	—	—	—	5	—	—	6
Edgeware General ... ..	—	—	—	—	—	—	1	—	—	1
Clifton Lane Nursing Home ... ..	—	—	—	1	—	—	—	—	—	1
St. Helen's, Barnsley ... ..	—	—	—	—	—	—	—	—	1	1
Total ... ..	33	417	19	21	16	42	44	59	46	697

## VISITS BY MIDWIVES TO ASSESS HOME ENVIRONMENT

The midwives completed 556 reports on home environment on behalf of Listerdale Maternity Home, Moorgate General Hospital, and hospitals in Sheffield, recommending 42 cases for ten days' stay in hospital and 514 for early discharge. This work required 882 visits.

## MATERNITY EMERGENCY UNIT.

This unit was called upon three times :

- (1) 11th February, 1966. Post partum haemorrhage.
- (2) 18th February, 1966. Post partum haemorrhage.
- (3) 22nd February, 1966. Shock from bleeding. Also a large haematoma of vagina.

All the patients were given emergency treatment by the unit staff and removed to Moorgate General Hospital; all recovered.

## ANALGESIA.

Analgesia was administered to patients by the use of Trilene, gas and air, Pethidine, Pethilorfan and Sparine. Minnitt's gas and air machines were serviced quarterly and the Trilene machines annually.

	Doctor NOT booked	Doctor booked	Total
<b>Analgesia</b> —Number of cases who were delivered with :			
Gas, air and Pethidine ... ..	—	1	1
Pethilorfan and Sparine ... ..	—	1	1
Pethilorfan only ... ..	—	44	44
Trilene only ... ..	3	186	189
Pethidine and Trilene ... ..	4	87	91
Pethidine only ... ..	1	16	17
Pethilorfan and Trilene ... ..	3	162	165
Pethilorfan, Pethidine and Trilene	—	3	3
Sparine ... ..	—	1	1
Sparine, Pethilorfan and Trilene ...	—	1	1
Cases delivered without analgesia	1	44	45
<b>Total</b> ... ..	12	546	558

## PREMATURE BABY COTS.

Cots were loaned on five occasions for the use of sick or premature babies.

## OXYGENAIRE PORTABLE INCUBATOR.

A portable incubator was purchased in July for use when transferring ill and premature babies from home to hospital or from hospital to hospital. The incubator is kept at the Ambulance Station so that it is always available in an emergency. It has been used six times during the year by the domiciliary and hospital staff.

## MIDWIVES' CASE LOAD.

	1962	1963	1964	1965	1966
Number of domiciliary cases attended by					
Municipal midwives ... ..	735	713	647	603	558
Private midwives ... ..	—	—	—	—	—
Number of cases delivered in Institutions, but attended by domiciliary midwives on discharge from Institutions before the 10th day ... ..	367	404	549	626	697
Number of days service to such cases representing a similar saving of patient days in institutions ... ..	1680	2255	3022	3846	4436

Of 558 cases attended by midwives, 554 had booked their confinement with the service, there was one miscarriage and 4 cases were delivered in emergency.

Of the 546 cases in which a doctor was booked the midwife delivered 541 of the patients, making a total of 553 cases delivered by midwives. Midwives acting in the capacity of maternity nurses attended 161 patients.

Three cases were handed over to the Home Nursing Service during the illness of the mothers.

The following table gives details of the domiciliary confinements during the year :—

	Doctor NOT booked	Doctor booked	Total
Midwives booked cases ...	11	542	553
Emergencies ... ..	1	3	4
Miscarriages ... ..	—	1	1
Total ... ..	12	546	558
Deliveries by doctors (included in above totals) ... ..	—	5	5

MATERNAL DEATHS.

There was one maternal death in the County Borough during the year; a septic abortion.

MIDWIVES CLINICS.

The number of attendances at midwives ante-natal clinics held at centres during the year is as follows :—

	Ferham House	Cranworth Road	Broom Lane	Greasbrough	Wheatley Road	Total
Number of sessions held ...	166	156	52	14	106	494
Number of new cases attending	200	174	74	40	158	646
Re-attendances ... ..	987	738	233	54	585	2597

CONSULTANT CLINICS.

Owing to the number of maternity bookings, consultant clinics were revised and reduced on 5th April, 1966, to two per month (first Tuesday at Ferham and third Tuesday at Cranworth).



## FAMILY PLANNING ASSOCIATION.

A branch of the Family Planning Association was formed in Rotherham in February, 1956. The following statistics are given for the year 1966, the figures for the preceding year are given in brackets :

Number of new oral patients	...	...	202	(91)
Number of oral checks	...	...	546	(239)
Number of cervical smears	...	...	357	(89)
Number of new cap patients	...	...	150	(266)
Number of second visits	...	...	169	(177)
Number of check visits	...	...	578	(652)
Number of transfers	...	...	25	(25)
Attendances for supplies only	...	...	538	(609)
Patients buying by post	...	...	267	(283)
New and check visits recommended by the				
Health Committee	...	...	69	(42)
Total attendances made	...	...	2208	(1918)

Education in family planning has been carried out at local authority clinics and by health visitors during their visits to the home.

Advice and supplies have been given free of charge to women to whom pregnancy would be detrimental to health and the following table gives details of the cases referred to the local authority clinic :—

Cases referred	Contraceptive			Re-visits	Failed appointments
	Recommended		Not recommended		
	Oral	Intra-uterine device			
305	6	245	60	286	270

Organisation of the intra-uterine device clinic has proved particularly difficult because of the high proportion of failed appointments; yet this is probably inevitable because so many of the mothers referred have social as well as medical problems.

Among the "problem" families 35% of the mothers who are of child-bearing age have been fitted with the I.U.D. as have 60% of the mothers from "pre-problem" families. When those taking the pill, those who have been sterilised by operation and those who have passed the menopause are taken into account only 23% and 33% respectively are at risk of becoming pregnant. This state of affairs has only been achieved with considerable effort, including on occasions bringing mothers to the clinic in the health visitor's car or by taxi or by fitting the I.U.D. in the home.

All patients attending this clinic now have a routine cervical smear and 265 were taken during the year, one of which proved positive.

# HEALTH VISITING

## HEALTH VISITORS AND SCHOOL NURSES

Miss C. M. Cullen, health visitor, left the department in March, 1966 to take up duties in Ireland. No applications have been received following advertisements for health visitors.

There were eight applicants for student health visitor vacancies. Of these only two were accepted for training, one at Leeds University and one at Sheffield Technical College. Recruitment of staff is becoming increasingly difficult; this however is a national problem. Unfortunately this staff shortage has a detrimental effect on the morale of the existing staff.

Ninety-eight children attended the Greasbrough Road Play Centre during the year and made 690 attendances. This is an increase of nine children and 145 attendances on the 1965 figures.

Play Groups were commenced at Wheatley Road and Broom Lane Clinics. These are very successful and there is a waiting list at each centre. Both are run entirely by the mothers whose children attend. An established Play Group has moved from the West Riding into more suitable premises within the County Borough. An enquiry has been made by another group of women with a view to commencing a Play Group in the St. Ann's area. There are now six Play Groups registered under the Nurseries and Child Minders Regulation Act, 1948. All are supervised by a member of the staff of this department.

Arrangements were made with the Children's Department for nine children who were to be adopted to have blood specimens taken and Phenistix tests done.

Routine tests for phenylketonuria were done on 1,492 babies during the year. The number of tests made since the commencement in February 1960 was 9,680.

The case load for 1966 was :

Infants under 1 year on visiting list ...	...	...	...	...	1,506
Infants 1-2 years ...	...	...	...	...	1,551
Infants 2-5 years ...	...	...	...	...	4,437
Tuberculous patients ...	...	...	...	...	338
Diabetics ...	...	...	...	...	96
Gastrics ...	...	...	...	...	55
Chronic sick ...	...	...	...	...	89

SCHOOL NURSING.

The school nurses have carried out the duties in connection with school work generally, with the help of clinic assistants and clinic nurses.

The total case load for 1966 was as follows :

Number of school population	...	...	...	...	15,266
Number of nursery schools	...	...	...	...	1
Number of schools with nursery classes	...	...	...	...	3 (4 classes)
Number of voluntary primary schools	...	...	...	...	2
Number of primary schools	...	...	...	...	19
Number of general secondary schools	...	...	...	...	6
Number of voluntary secondary schools	...	...	...	...	1
Number of secondary grammar schools	...	...	...	...	2
Number of special schools :					
Open air school	...	...	...	...	1
Educationally subnormal school junior and senior				1	2

## SOCIAL CASE WORK

### CARE OF THE UNMARRIED MOTHER.

One hundred and three illegitimate babies were born, 61 to 61 single girls and 42 to 42 married women, as compared with 71 to 71 single girls and 39 to 38 married women in 1965. Seven girls were admitted to Mother and Baby Homes, the local authority accepting financial responsibility. Four of their babies were adopted and three remained with their mothers. Of the remaining 54 single girls 41 had their confinements in hospital and 13 were confined at home.

Three girls mentioned above were confined in their fifteenth year and four others were confined in their sixteenth year.

Of the 42 married women 25 were cohabiting, 12 were separated from their husbands, three were widows and two were divorced; 35 kept their babies, one baby was adopted, one baby was stillborn and five were admitted to the Children's Homes.

### PREVENTION OF BREAK-UP OF FAMILIES.

#### PROBLEM FAMILIES.

There is very little change to report concerning these families. Although 11 families have been rehoused due to slum clearance they have already made slums of their new premises. In 17 of the families either the man or his wife are known products of previous problem families. It is extremely difficult to help this type of person—they just do not respond.

Family planning has been offered free and the results have been reported in a previous paragraph.

Frequent visits were made and the staff were usually well received. Although these families made many promises to improve their standard of living, few were kept.

Health visitors who were concerned with certain problem families attended four liaison committee meetings at the Children's Department to discuss eighteen problem families.

### MULTIPLE SCREENING CLINIC, NOVEMBER 1966

The Screening Clinic, for the detection of the early signs of chronic disease in adults of working age, seems to have become an established annual feature and it continues to attract attention from wide sources.



All the tests previously used have been retained with the exception of Pyroscan, which was considered to require further development before it could be employed for mass screening on a realistic basis. The diabetic test was modified by increasing the loading to 50 grammes glucose and using the new, quicker type of Clinistix. Follow-up was by blood sugar determination, by Dextrostix and laboratory methods, 2 hours after 50 Gm. glucose orally.

Two new tests were introduced in 1966. The first was for cardiovascular disease in younger men and consisted of examination of the blood pressure and recording the electrocardiograph on a cardiac console. In this we had the backing and assistance of Professor C. H. Stuart-Harris and Dr. R. S. Weetch.

The other new test was for mental health or rather mental instability. Dr. R. J. Kerry and Dr. J. Orme advised on the design of a short questionnaire and the responses were obtained by the client posting into boxes labelled "Yes," "No" or "Don't know." A total score was obtained and those with high scores were recalled for an interview with the psychiatrist and completion of a lengthier questionnaire. It is intriguing that of all the screening tests we have employed this one appears to be the most accurate in that it produces few (about 20%) false positives; whether or not it produces false negatives (i.e. misses true cases of mental illness) is to be the subject of further investigation.

Total attendance at the clinic was 5,763; women still out-numbered men by 2:1. Only one in five had attended previously. Cost was about 10/- per head to the Local Authority. One man in four and one woman in seven needed referral for unsuspected problems.

#### SUMMARY OF PRELIMINARY RESULTS

		Male	Female	Total	Comments
Total attendance	...	1,981	3,782	5,763	
Anaemia	...	1,230	2,809	4,039	135 cases confirmed
Breast cancer	...	—	2,749	2,749	50 referred
Cervical cancer	...	—	2,226	2,226	2 positive smears
Diabetes	...	1,438	2,705	4,143	16 diabetics
Glaucoma	...	760	1,025	1,785	60 referred
Hearing	...	720	955	1,675	56 referred
Vision	...	803	1,121	1,924	448 referred
Chest x-ray	...	723	3,063	4,862	119 referred (5 active TB)
Cardiovascular disease		1,341	—	1,341	18 urgent referred 73 others referred
Lung function	...	990	—	990	64 cases of early chronic bronchitis
Mental health	...	643	1,182	1,925	86 abnormal responses

#### ANTI-SMOKING CLINICS

The course planned for 1966 was postponed until early 1967 because of date clashes with the Screening Clinic and the festive season. Forty men who had failed the lung function test at the screening clinic enrolled for the anti-smoking course.



## GENERAL STATISTICS

The following is a summary of the work performed by health visitors and clinic nurses under Sections 22, 24, 26, 28 and 51 of the National Health Service Act, 1946 :

### EXPECTANT MOTHERS

First visits to expectant mothers ...	233
Revisits ... ..	119
Contacts with social agencies on behalf of mothers ... ..	65
Arranging convalescence ... ..	25
Visits to maternity wards... ..	52

### YOUNG CHILDREN (first visits paid after the birth of the child)

#### Still births:

Hospital and nursing home confinements ... ..	56
Domiciliary confinements ... ..	10

#### Live births:

Hospital and nursing home confinements ... ..	1,004
Domiciliary confinements ... ..	550

### CHILDREN UNDER 1 YEAR

Premature babies — nurses' supervisory visits ... ..	2,490
General routine visits ... ..	5,176
Illegitimate ... ..	338
Ill-cared for ... ..	86
Death enquiries ... ..	21

### CHILDREN 1-5 YEARS

General routine visits—1-2 years...	4,259
2-5 years...	7,622
Illegitimate 1-2 years ... ..	175
2-5 years ... ..	203
Ill-cared for 1-2 years ... ..	111
2-5 years ... ..	216
over 5 years ... ..	168

Found on the area (and not known to have been visited before) ... 407

Contacts with social agencies ... 174

### SOCIAL ENQUIRIES FOR ALMONERS,

### SHEFFIELD HOSPITALS

First visits ... ..	32
Revisits ... ..	39

### FOLLOW-UP VISITS, HOSPITAL

### PATIENTS OTHER THAN

### CHILDREN

First visits ... ..	40
Revisits ... ..	40

### TUBERCULOSIS

First visits to patients ... ..	12
Revisits ... ..	423
Attendances at Chest Clinic ... ..	40
Contacts ... ..	172

### OTHER INFECTIONS AND INFESTATIONS

Total visits ... ..	425
Contact swabbing ... ..	13

### HOSPITAL FOLLOW-UP—CHILDREN

#### 0-15 YEARS

First visits ... ..	228
Revisits ... ..	405
Attendances at paediatric clinics ... ..	76

### SOCIAL CASE WORK

Visits paid to homes ... ..	73
Cases referred to N.S.P.C.C. ... ..	34
Other social contacts ... ..	36
Interviews, etc. ... ..	541
Attendances, V.D. clinic ... ..	11
Visits, V.D. follow-up ... ..	31

### MISCELLANEOUS

Ineffective visits ... ..	4,376
Other visits not included above ... ..	1,513
Nursery classes ... ..	24
Child guidance clinics ... ..	3
Psychiatric visits ... ..	30
Home visits—school children ... ..	100

### DUTIES DELEGATED BY THE

### CHILDREN'S COMMITTEE

Visits to Oakwood Grange Nursery	14
----------------------------------	----

### DUTIES DELEGATED BY THE

### WELFARE COMMITTEE

Hygiene surveys—temporary accommodation at The Mount ... ..	—
Visits paid to separate families in accommodation ... ..	4

### HEALTH EDUCATION

Mothercraft and health education talks, clubs, clinics, and schools	320
Talks to outside organisations ... ..	9

# HOME NURSING

The two staff students and one Manchester Diploma student who were in training at the commencement of the year were successful in the examination held in January, 1966. During the year one Doncaster student was trained and was successful in the examination.

One full time Queen's Nurse left to work in the County of Lincolnshire. One part time Queen's nurse left to work in a Home for elderly people in Coventry. One full time Queen's nurse took Part I midwifery training and has returned to work in the district.

The following table gives details of the nursing staff employed in the Home Nursing Service during the past five years :

	Number of staff employed on 31st December				
	1962	1963	1964	1965	1966
<b>FULL-TIME STAFF :</b>					
Superintendent ... ..	1	1	1	1	1
Assistant Superintendent ... ..	1	1	1	1	1
Queen's Nursing Sisters—Female ...	12	16	16	19	19
Male ... ..	1	1	—	—	—
Queen's Nursing Students—Female ...	1	3	1	2	—
State Registered Nurses ... ..	2	1	1	1	1
<b>SUB-TOTALS ...</b>	<b>18</b>	<b>23</b>	<b>20</b>	<b>24</b>	<b>22</b>
<b>PART-TIME STAFF :</b>					
Queen's Nursing Sisters ... ..	3	2	3	3	2
State Registered Nurses ... ..	2	3	2	2	1
State Enrolled Assistant Nurses—Female...	1	—	—	—	—
<b>SUB-TOTALS ...</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>3</b>
<b>TOTAL STAFF ... ..</b>	<b>24</b>	<b>28</b>	<b>25</b>	<b>29</b>	<b>25</b>
Equivalent to full-time staff ... ..	22	26.3	23.3	27.3	24.0

## GENERAL NURSING.

There has been an increase in the number of patients nursed during the year. At the commencement of the year 380 cases were brought forward and 1,717 were referred making a total of 2,097 patients nursed.

The 1,717 new cases reported during the year were of the following types :—

Medical	1,248	Maternal complications	13
Surgical	320	Maternity cases—mothers	2
Infectious diseases	26	babies	3
Tuberculosis	18	Others	87

They were referred by :—

General Practitioners	1,311	Health Dept. services	24
Hospitals	259	Personal applications	123

The total cases nursed during the year was 2,097, which was 22 more than those nursed in 1965, and the total of 66,341 visits paid during the year was a decrease of 7,402.

At the end of the year 392 cases were carried forward, and during the year 1,705 patients were removed from the register for the following reasons :

Convalescent	...	...	1,141	Transfers to other districts	71
Died	...	...	196	Removed for other causes	35
Hospital admission	...	...	262		

The following is a summary of the cases nursed and visits paid during the last five years :

			Total cases nursed	Visits	Average daily visits paid
1962	...	...	2,205	80,635	220.9
1963	...	...	2,164	82,320	225.5
1964	...	...	2,025	78,320	214.0
1965	...	...	2,075	73,743	202.0
1966	...	...	2,097	66,341	181.8

The classification and age of all cases nursed and visits paid during the last year were as follows :

				Age groups					Total cases
				Under 1 year	1-4 years	5-14 years	15-64 years	65 years and over	
CASES :									
Medical	...	...	...	39	53	33	613	833	1,571
Surgical	...	...	...	2	23	24	211	95	355
Infectious diseases	...	...	...	3	10	11	2	—	26
Tuberculosis	...	...	...	—	—	—	27	7	34
Maternal complications	...	...	...	—	—	—	13	—	13
Maternity (mothers)	...	...	...	—	—	—	2	—	2
Maternity (babies)	...	...	...	3	—	—	—	—	3
Others	...	...	...	1	1	3	33	55	93
TOTAL CASES NURSED				48	87	71	901	990	2,097
VISITS PAID :									
Medical	...	...	...	414	473	275	18,517	30,570	50,249
Surgical	...	...	...	9	188	215	4,918	4,669	9,999
Infectious diseases	...	...	...	20	134	114	10	—	278
Tuberculosis	...	...	...	—	—	—	4,130	532	4,662
Maternal complications	...	...	...	—	—	—	126	—	126
Maternity cases (mothers)	...	...	...	—	—	—	29	—	29
Maternity cases (babies)	...	...	...	39	—	—	—	—	39
Others	...	...	...	43	6	17	287	606	959
TOTAL VISITS				525	801	621	28,017	36,377	66,341



## Multiple Screening Clinic

# GLAUCOMA

### What is Glaucoma?

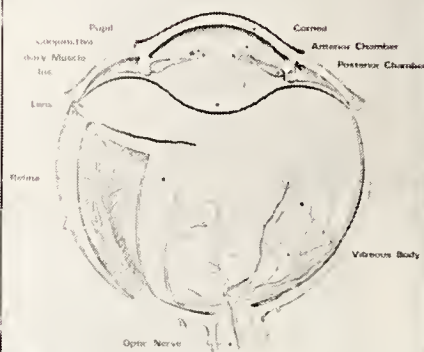
It is a disease of the eye caused by an increase of pressure within the eye. The increased pressure causes damage to the optic nerve and lens, sometimes leading to blindness.

Glaucoma does not usually affect people under 40 years of age.

It is often symptomless in the early stages but can be detected by a simple test. The test is available at this clinic for those who are 40 years of age or over.

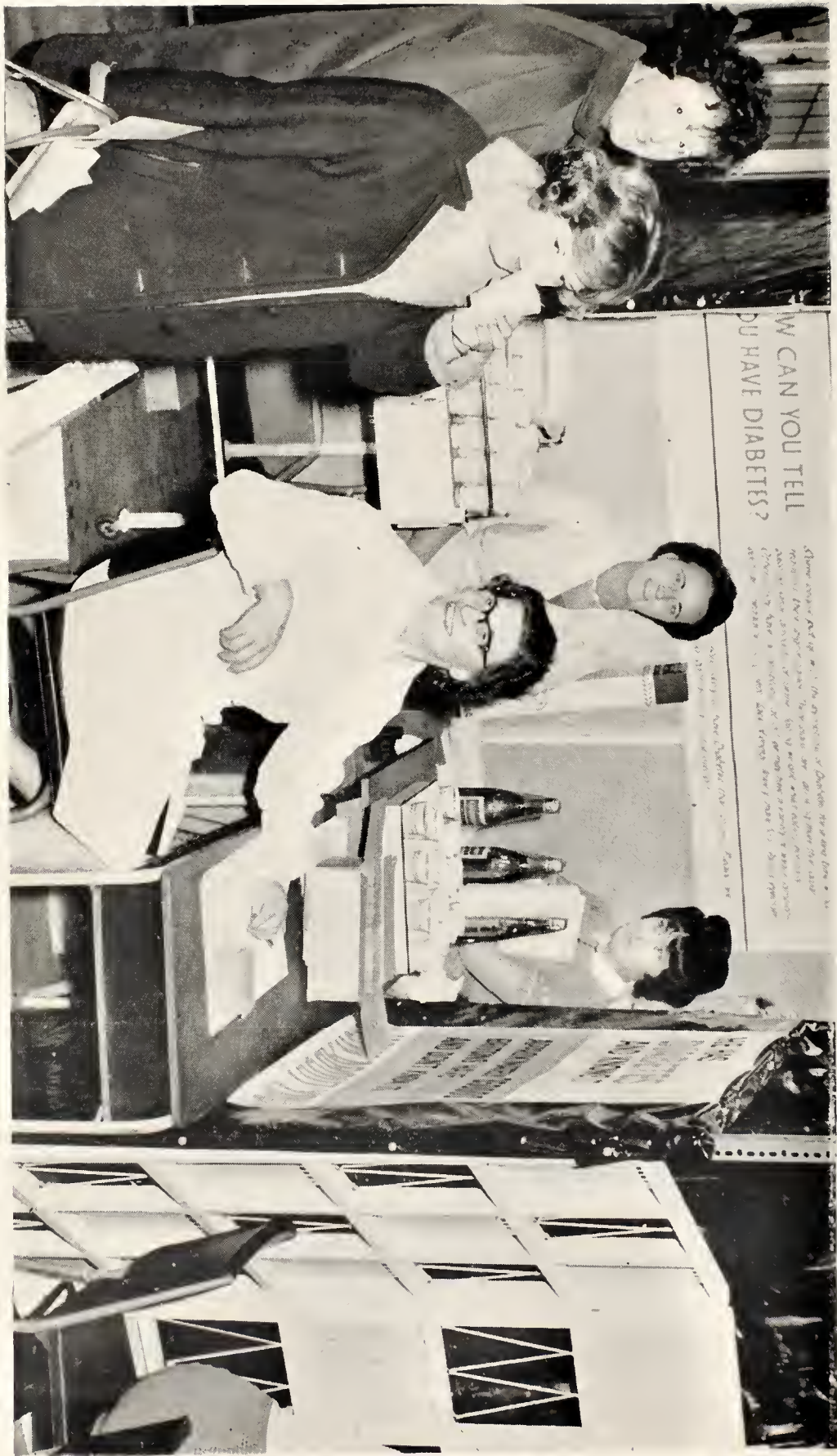
Early detection — Early treatment can prevent progress of Glaucoma.....can prevent blindness

### Normal Eye



Glaucoma Station

Multiple Screening Clinic



Glucose drink prior to self-testing for diabetes.

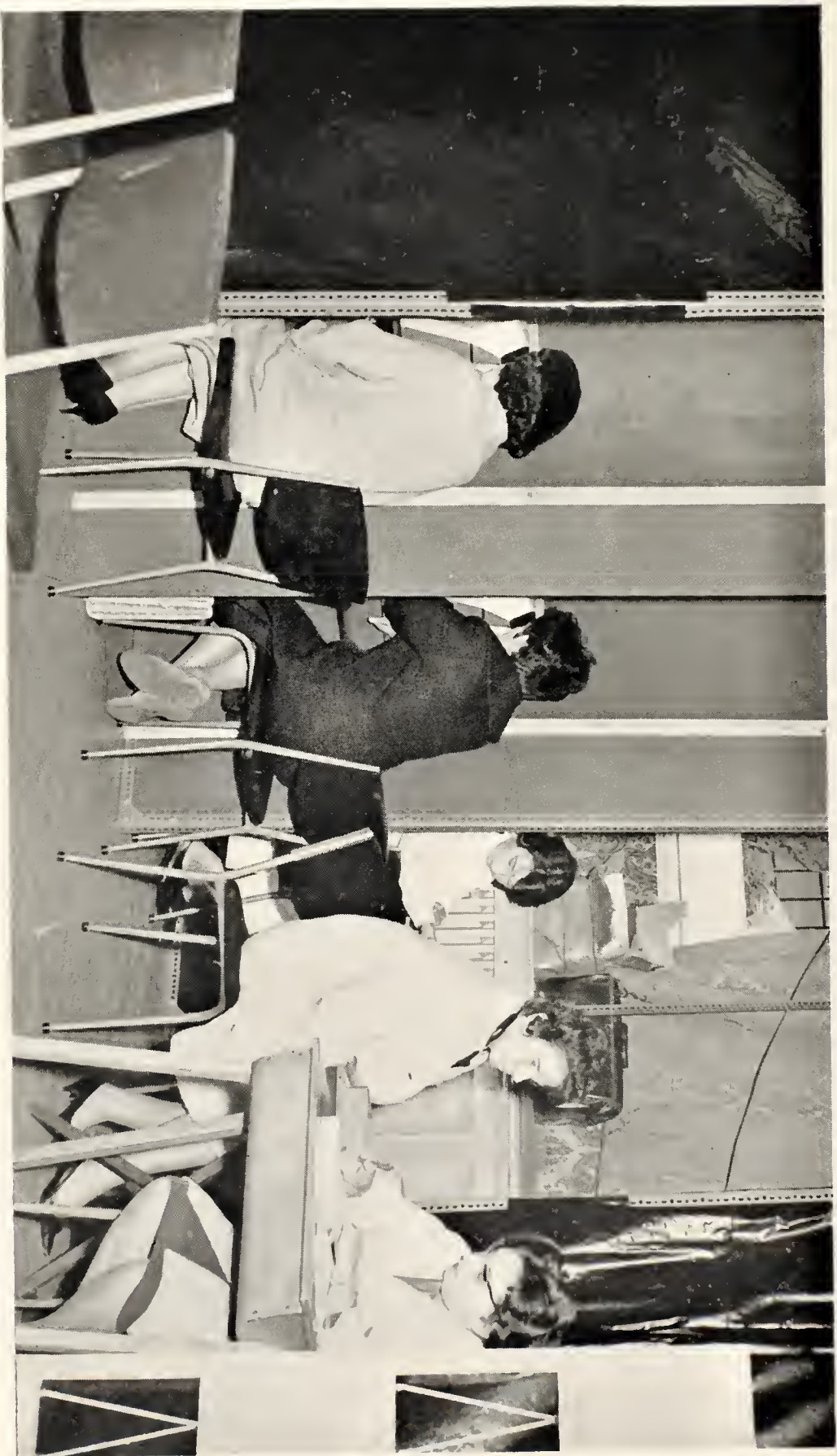


## MULTIPLE SCREENING CLINIC



Cardiac console used for electrocardiography and blood pressure measurement.

Multiple Screening Clinic



Vision Testing Cubicles.



CHILDREN'S NURSING UNIT.

At the beginning of the year two sick children under the age of five years were brought forward; there were 204 new children during the year making a total of 206, an increase of 49 new cases as compared with last year. The total number of visits paid was 1,947 as against 1,735 the previous year, an increase of 212 visits. During the year 184 cases were removed from the register when convalescent, 11 went to hospital, 3 removed to other districts and 8 children remained on the books at the end of the year.

MATERNITY CASES.

Three healthy babies were cared for during the illness of the mothers.

CARE OF THE AGED.

The number of aged sick has again increased. There were 237 remaining from 1965 and 753 new cases, making a total of 990 patients nursed with 36,377 visits paid—an increase of 33 new patients and a decrease of 1,964 visits.

During the year 742 patients were removed from the register for the following reasons :

Convalescent ... ..	374	Removed for other causes	70
Hospital admission ... ..	148	Remaining on books ... ..	248
Died ... ..	150		

# VACCINATION AND IMMUNISATION

## SMALLPOX VACCINATION.

During the year records were received of 621 persons who were vaccinated or re-vaccinated. Details of these are given in the following table :

		Under 1 year	1 to 2 years	2 to 4 years	5 to 16 years	Total
Vaccinations	...	14	304	159	97	574
Re-vaccinations	...	—	—	5	42	47

Of these the records of 261 persons were received from private medical practitioners and the remainder from the Corporation's medical officers at the various clinics in the borough.

No cases were reported during the year of generalised vaccinia or post-vaccinal encephalomyelitis, nor were there any deaths from complications of vaccination.

## DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION.

The following table gives details of the immunisations carried out during the year: Children who completed their primary immunisation :

Triple antigen (diphtheria, whooping cough and tetanus) ...	1,398
Diphtheria and tetanus antigen ... ..	219
Tetanus only ... ..	748
Diphtheria ... ..	11
	<hr/>
Total ...	2,376
	<hr/>
Stimulation doses ... ..	1,543

477 records of immunisation and stimulating doses were received from general practitioners.

DIPHTHERIA.

The age groups of the children at the time of immunisation were as follows :

	Under 1 year	1—4 years	5—15 years	Total
Number of children who :—				
Completed a full course of primary immunisation ... ..	1292	149	187	1628
Received a secondary (reinforcing) injection ... ..	—	188	1337	1525

The position at the end of the year in Rotherham regarding immunisation in relation to the child population is given in the following table which gives details of all children who had completed a course of immunisation at any time before that date :

Age at 31.12.66 i.e., born in year	Under 1 year 1966	1—4 years 1965—1962	5—9 years 1961—1957	10—15 years 1956—1951	Under 16 years Total
Last complete course of injections whether pri- mary or booster :—					
1962—1966 ...	671	5009	4292	689	10661
1961 or earlier ...	—	—	1991	6603	8594
Estimated mid-year child population ... ..	1630	6470	14850		22950
Immunity Index ...	41.2	77.4	33.5		46.4

WHOOPING COUGH.

At the end of the year 13,929 children under 16 years had been immunised against whooping cough. The following table gives details of the age groups of these children.

1951 — 628		
1952 — 701	1957 — 851	1962 — 619
1953 — 818	1958 — 911	1963 — 1224
1954 — 811	1959 — 923	1964 — 1223
1955 — 869	1960 — 1052	1965 — 1268
1956 — 854	1961 — 510	1966 — 667
Totals — 10-15 years	5-9 years	0-4 years
4681	4247	5001



B.C.G. VACCINATION.

B.C.G. vaccination against tuberculosis was continued to the 13 plus age group. Of 1,283 children of this age attending school in the County Borough consent was received from the parents of 1,074, an acceptance rate of 83.7 per cent. As a result of the Mantoux tests 1,043 children were subsequently vaccinated during the year with B.C.G. The percentage of children tested who were positive was 17.07. 179 children received B.C.G. vaccination in 1966 under the B.C.G. scheme for contacts. Of these, 37 were done during their stay in Listerdale Maternity Home, the remainder were given at the Chest Clinic. Two babies were admitted to Oakwood Grange Nursery for a period of isolation following B.C.G. vaccination.

ROUTINE B.C.G. VACCINATION OF SCHOOL CHILDREN.

Number of eligible children	...	...	...	...	...	1,283
Total consents received	...	...	...	...	...	1,074
Acceptance rate	...	...	...	...	...	83.71 %

Of those 209 children for whom consent was not obtained  
35 were known to have had B.C.G. or attended the Chest  
Clinic as contacts or cases.

Number of children negative to Heaf test	...	...	...	...	865
Number of children positive to Heaf test	...	...	...	...	178
Percentage of positive reactors	...	...	...	...	17.07 %

Of the 178 Heaf positive children 4 were found to have  
had B.C.G. or attended the Chest Clinic as contacts.

Number of children given B.C.G.	...	...	...	...	865
Total number of absentees	...	...	...	...	31

Miniature X-Ray examinations at the Sheffield Mass X-Ray Centre were offered to 210 positive children, and 193 were X-rayed. All were found to be free from tuberculosis.

POLIOMYELITIS VACCINATION.

Number of doses of oral vaccine given in 1966 :					
Children born 1966-1960	...	...	...	...	6,755
Persons born 1959-49	...	...	...	...	1,000
Persons born 1948-44	...	...	...	...	41
Persons born before 1944	...	...	...	...	458
Expectant mothers	...	...	...	...	9
Total					8,263

## AMBULANCE SERVICE

In the year under review, the Ambulance Service has been called upon to deal with a total of 30,245 cases, involving a total mileage of 129,063 miles.

Type of Case	Number of cases	Mileage involved
Emergency cases :		
Works accidents     ...     ...     ...     ...	240	
Street accidents    ...     ...     ...     ...	737	
Emergency illness   ...     ...     ...     ...	1,585	
		126,393
General illness cases :		
Admission to hospitals     ...     ...     ...	3,986	
Outpatients—stretcher     ...     ...     ...	3,408	
sitting cases     ...     ...     ...	19,891	
Midwives' transport     ...     ...     ...     ...	176	1,084
Assistance to other authorities   ...     ...     ...	222	1,586
Totals ...     ...	30,245	129,063

The cases dealt with within the Borough averaged 348 per thousand of the population with an average mileage of 4.25 miles per case. The average miles per case for other authorities has been 7.

# PREVENTION OF ILLNESS, CARE AND AFTER-CARE

## HOSPITAL LIAISON

### INVESTIGATIONS OF HOME CONDITIONS.

The following table gives details of the work performed by Health Visitors and Home Help Visitors under the arrangements made with the Rotherham and Mexborough Hospital Management Committee for the furnishing of home reports where necessary for inclusion in the patient's hospital record. All discharges from hospital are notified and follow-up visits are paid to the homes of children, old people, and other cases where a request for this has been made :

				Hospital	Number of visits	
					Health Visitors	Home Help Visitors
Visits to hospitals, etc.						
Paediatric clinics and wards	...	...	...	Rotherham Hospital	76	—
				Moorgate General Hospital		
Maternity wards	...	...	...	Moorgate General Hospital	52	—
Geriatric wards	...	...	...	Moorgate General Hospital	—	101
				Badsley Moor Lane Hospital	—	39
				Oakwood Hall Hospital	—	—
				Rotherham Hospital	—	100
				Rosehill Hospital	—	4
General wards	...	...	...	Rotherham Hospital	—	100
				Moorgate General Hospital	—	101
Chest clinic	...	...	...		40	—
Investigation of home conditions.						
'A' forms for children admitted to hospital and including special reports requested by Paediatrician or Chest Physician from health visitor attending clinic	...	...	...	Moorgate General Hospital	228	—
				Rotherham Hospital		
				Oakwood Hall Hospital		
'A' forms for aged sick admitted plus any special reports asked for by Physician	...	...	...	Moorgate General Hospital	—	616
				Badsley Moor Lane Hospital	—	27
				Rotherham Hospital	—	471
				Rosehill Hospital	—	4
Aged persons surveys of home conditions for future care	...	...	...	Moorgate General Hospital	—	616
				Badsley Moor Lane Hospital	—	27
				Rotherham Hospital	—	471
'A' forms for aged sick and others	...	...	...	Moorgate General Hospital	73	47
				Rotherham Hospital		
				Oakwood Hall Hospital		
Tuberculosis survey visits	...	...	...	Oakwood Hall Hospital	12	—
Enquiries from Almoners of Sheffield hospitals re home conditions	...	...	...	Sheffield Royal Hospital	71	40
				Sheffield Royal Infirmary (all sources)		
				Sheffield Nat. Centre for Radiotherapy		

	Hospital	Number of visits	
		Health Visitors	Home Help Visitors
Reports on social conditions re applications for hospital confinement ... ..	Moorgate General Hospital Listerdale Maternity Home Hallamshire Maternity Home	882	—
Supervisory visits to patients on discharge from hospital:			
‘B’ forms and special requests for children	Moorgate General Hospital Rotherham Hospital Oakwood Hall Hospital		
‘B’ forms and special requests for aged ...	Moorgate General Hospital Badsley Moor Lane Hospital Rotherham Hospital	— — —	313 2 399
‘B’ forms and special requests for others including tuberculosis ... ..	Moorgate General Hospital Rotherham Hospital Oakwood Hall Hospital Sheffield Hospitals	84 —	26 64

#### PAEDIATRIC CLINICS.

The number of attendances made by children at these clinics was as follows :

	Moorgate General Hospital	Doncaster Gate Hospital
Children under 5 years ... ..	132	102
Children 5 years and over ... ..	57	125

The Consultant Paediatrician held 2 special development progress clinic sessions at Child Welfare Centres during the year.

#### MATERNITY DEPARTMENT, MOORGATE GENERAL HOSPITAL.

Regular visits have been made by health visitors to the Maternity Department of the Moorgate General Hospital :

Number of visits made ... ..	52
Number of mothers interviewed ... ..	535

#### CHEST CLINIC.

Twelve cases of tuberculosis were notified in 1966 and home background reports were submitted to the Chest Physician in each case. Of the 172 persons in contact with tuberculosis all attended the Chest Clinic for examination. Health visitors made 435 visits to tuberculosis households during the year. Forty liaison visits were made to the Chest Clinic.

#### HOME ACCIDENTS.

There was a small decrease in the number of home accidents where persons attended hospital for treatment during 1966.

To children under 5 years, 149 less.

To persons 5—64 years, 211 less.

To persons 65 years and over, 17 less.

Whether this is a realistic figure is doubtful, a number of persons would consider it unnecessary to attend hospital with a minor injury and would cope with the situation in their own home. Posters were exhibited at child welfare clinics on accident prevention and talks were included at mothercraft classes.

The following table gives a summary of persons who were treated at Doncaster Gate Hospital as a result of home accidents :—

	Total number of accidents to persons				Number of accidents causing scalds to persons				Number of accidents causing burns to persons			
	Under 5 years	5-64 years	65 yrs. and over	Total	Under 5 years	5-64 years	65 yrs. and over	Total	Under 5 years	5-64 years	65 yrs. and over	Total
January												
1966	80	430	39	549	4	8	—	12	6	5	1	12
1965	81	434	28	543	6	8	—	14	10	3	—	13
February												
1966	74	378	20	472	4	3	—	7	8	6	2	16
1965	88	466	21	575	3	6	—	9	9	7	1	17
March												
1966	98	547	39	684	1	7	1	9	4	4	—	8
1965	107	468	32	607	2	10	1	13	6	12	1	19
April												
1966	92	465	29	586	4	9	2	15	3	10	—	13
1965	110	560	28	698	6	5	—	11	4	10	—	14
May												
1966	131	628	26	785	4	5	—	9	6	8	—	14
1965	140	614	30	784	3	4	—	7	7	7	2	16
June												
1966	125	595	26	746	2	4	1	7	5	12	—	17
1965	131	602	28	761	3	3	—	6	4	11	1	16
July												
1966	124	587	35	746	1	3	—	4	6	2	2	10
1965	129	562	33	724	1	3	—	4	1	9	1	11
August												
1966	129	534	28	691	8	10	—	18	3	7	—	10
1965	184	579	40	803	5	8	—	13	4	9	—	13
September												
1966	153	553	35	741	4	4	1	9	7	5	—	12
1965	147	521	35	703	4	3	—	7	2	9	—	11
October												
1966	84	469	40	593	3	9	2	14	3	6	—	9
1965	110	569	36	715	3	3	1	7	2	13	—	15
November												
1966	75	419	24	518	6	7	1	14	4	11	—	15
1965	78	420	32	530	6	3	—	9	5	12	—	17
December												
1966	63	384	29	476	3	4	—	7	3	3	—	6
1965	72	405	44	521	6	5	—	11	7	16	—	23
Total												
1966	1228	5989	370	7587	44	73	8	125	58	79	5	142
1965	1377	6200	387	7964	48	61	2	111	61	118	6	185



## TUBERCULOSIS

During the year 12 new cases of tuberculosis were notified or came to the notice of the Medical Officer of Health. 172 persons were examined as contacts at the contact clinic. Persons who failed to keep their appointments were re-visited and urged to attend.

In every household where there was a known case of tuberculosis, parents of young children were informed of the benefits of B.C.G. vaccination and 865 children were vaccinated during 1966.

The health visitors paid 435 visits and re-visits to patients during 1966 and made 40 attendances at the Chest Clinic for the purpose of exchanging information regarding cases or contacts of the disease. 34 cases were nursed at home by the Home Nurses, who made 4,662 nursing visits. Details of these cases will be found in the Home Nursing Section of this report.

### TUBERCULOSIS CARE COMMITTEE

The work of the Rotherham Tuberculosis Care Committee has continued on the lines indicated in previous reports. The area covered by the Committee is that of the Rotherham Chest Clinic area comprising the County Borough of Rotherham and the surrounding West Riding districts of Maltby and the Rawmarsh Urban District Councils, and the Rotherham and Kiveton Park Rural District Councils.

The scheme of care and after-care is operated through the Rotherham Chest Clinic and all recommendations for assistance are made by the Chest Physician. Secretarial assistance and other sundry expenses are provided by the Rotherham Corporation.

Grants of clothing, bedding and extra nourishment were made to patients. The scheme of Christmas grants to patients on leave from hospital was continued, together with gifts to those necessitous patients receiving treatment at the Chest Clinic or in receipt of assistance from the Committee.

## DOMESTIC HELP

The function of the Home Help Service has been as in previous years, to seek to serve the community by promoting domiciliary services to assist those in need.

The following table gives details of the 1,268 homes where home help assistance was given during 1966 :—

	Brought forward from 1965		New cases		Total cases		Total
	Days	Nights	Days	Nights	Days	Nights	
Maternity ... ..	10	—	190	—	200	—	200
Other sickness ... ..	32	—	37	—	69	—	69
Old age ... ..	609	—	223	6	832	6	838
Tired mothers ... ..	—	—	2	—	2	—	2
Sick children ... ..	—	—	—	—	—	—	—
Evening service ... ..	159	—	—	—	159	—	159
<b>Total ...</b>	<b>810</b>	<b>—</b>	<b>452</b>	<b>6</b>	<b>1,262</b>	<b>6</b>	<b>1,268</b>

An analysis of the hours of service rendered by home helps during 1966 is given in the following table :—

	Day (Hours)	Evening (Hours)	Night (Hours)	Total (Hours)
Maternity ... ..	13,258	—	—	13,258
Tuberculosis ... ..	—	—	—	—
Other sickness ... ..	9,142	—	—	9,142
Old age ... ..	149,889	15,509	56	165,454
Tired mothers ... ..	359	—	—	359
Sick children ... ..	—	—	—	—
Washing Centre ... ..	6,218	—	—	6,218
Training ... ..	1,523	—	—	1,523
<b>Total ...</b>	<b>180,389</b>	<b>15,509</b>	<b>56</b>	<b>195,954</b>

The figures above show a decrease of 16,109 hours given to the elderly, but an increase of 229 cases served. This gives an overall figure of approximately three hours per case per week, making a costing for this service of 15/- per week per case.

### NIGHT SERVICE.

Further expansion has taken place and additional help has been given to assist old people to stay in their own home.

## HOME HELP RECRUITMENT.

Recruitment has remained good and the number of home helps employed at the end of 1966 was 176.

It is a condition of service that all applicants are given a medical examination and X-ray before being accepted on the panel of helpers. Training is another recognised facet of being a home help.

## CARE OF THE AGED.

Planning for the care of the elderly still remains a considerable, but not unsurmountable, problem and relies, not only upon how much of its financial resources a Local Authority is prepared to devote to help old people to live in their own home, but in defining and deciding upon the actual need.

One of the most significant moves in this direction during the year has been the extremely important application of the early morning and evening services, and it is pleasing to report that effective progress has been made. The principal factor has been the willingness of the helpers to work between the hours of 8.00 a.m. to 9.00 a.m., covering at least six homes each morning, and 6.00 p.m. to 10.00 p.m. each evening with a case load of twenty. This procedure has enabled 229 new cases to be assisted without any increase in the number of hours of service given. Whilst it is extremely desirable that the public should make use of services provided, it must be emphasized that a good measure of responsibility for the success of any service lies within the family group, so allowing extensions of the domiciliary services to support the elderly who live entirely alone without relatives. Consultation has therefore taken place between the Home Help Organiser/Geriatric Social Worker, relatives and helpers, to ensure happiness for the elderly and increased efficiency by the helper and relatives, with resulting economies in the Service.

This part of the Service is summed up in one word by the recipients—"Grand!" and is jokingly referred to by them as the "fire and cuppa" and "bottle and supper" department, the bottle, of course, being the hot water bottle.

HOSPITAL LIAISON.

The key to successful liaison lies in direct consultation between the Consultant Geriatrician, the General Medical Practitioner and the Social Worker from the Local Health Authority.

It is worthy of note that attention has been devoted throughout the year to considering all aspects of hospital liaison with a view to the specialised nature of the work and to the very diverse qualities required by the social workers to meet the requirements of the Geriatrician, the General Medical Practitioner and the patients. Regardless of any future development, it is imperative that due consideration be given to the important role played by this team in the established field of hospital liaison.

Special thanks must be given to Dr. A. M. Cantor, M.D., M.R.C.P.I., the Consultant Geriatrician at Moorgate General Hospital, for his continued guidance, help and understanding of the many difficulties experienced by the social workers in the field of domiciliary care, and his assurance that joint liaison is the only key to an effective geriatric service.

	Hospital				Miscellaneous including Sheffield hospitals
	Rotherham and Rosehill	Moorgate General	Badsley Moor Lane	Oakwood	
Visits to hospital ... ..	104	101	39	32	—
Interviews in hospital ... ..	362	471	27	32	—
Home visits ... ..	475	616	27	47	40
Cases for supervision by social worker on discharge ... ..	399	313	2	26	64
Home helps arranged for patients on discharge ... ..	95	62	1	6	21
Casualty visits ... ..	720	—	—	—	—

Total number of visits for year, 3,999.

185 home helps have been provided during the year under review.

The services of a home nurse, an early morning, day and evening home help, chiropodist, occupational therapist, nursing equipment and meals service have been supplied to persons discharged from hospital according to their need and degree of disability.



## CASUALTIES.

Among the casualties who attended Rotherham Hospital in 1966 it is interesting to note that the majority of accidents occur in the sixty to seventy group of both males and females, apart from the fractured femora and collapse. The majority of fractured femora occur in females in the seventy to ninety group, whereas in collapse the incidence is similar in the two sexes. Visits are made by the social workers to all casualties to ensure that, where there is need, adequate care is available. In many situations, and particularly where old people live alone, the need has been urgent, and to facilitate the service, daily contact is maintained with the hospital and ambulance service and by this co-operation many second casualties are prevented.

## OCCUPATIONAL THERAPY SERVICE.

During 1966 an imaginative and effective approach has been made by the staff in the Occupational Therapy Section. It has been an intricate task to promote work for which the worker receives no remuneration, but the effort made in previous years is beginning to bear fruit and there has been great expansion in this field. The regular visits made to the old person's home by the Occupational Therapist are an important aspect of this service as they afford the opportunity to discuss fears and uncertainties which create many real problems. Many individual expressions of gratitude have been made.

A total of 1,150 visits have been made out of which 1,063 are engaged on occupational therapy work.

The Annual Exhibition and sale of handicrafts made by old people, who are part of the occupational therapy service, was held on 10th November, 1966 and was a great success. The exhibition was opened by His Worship the Mayor, Councillor P. C. Wright, and prizes were presented by the Mayoress. Entries were of a very high standard, sixty prizes being given. Twelve were won by the over nineties age group.

## DOMICILIARY MEALS SERVICE.

The Domiciliary Meals Service, which is sponsored by the Old People's Voluntary Welfare Committee and the Local Health Authority, assisted forty housebound elderly people, who have been provided with one main meal per day, five days each week, prepared by the home help in the old person's own home. Councillor P. C. Wright has been Chairman of the Old People's Welfare Committee since its inception and, with his usual enthusiasm and determination, introduced the Meals Service and has been the main support of this service to the old people of Rotherham.

The number of meals provided in 1966 was 7,330.

## WASHING CENTRE.

The duties of a home help have been greatly enhanced by the introduction of the Washing Service, particularly for incontinent patients' washing, and it greatly assists recruitment.



This service has justified itself on its merits and should remain unaffected by any future change of policy.

Number of washes, 11,260. Number of articles, 94,737.

#### MATERNITY.

Two hundred mothers were assisted by the services of a home help during 1966.

#### HOME SAFETY.

Home safety continues to be taught by the home helps and many accidents are prevented by this method of direct approach.

Three fireguards were issued in 1966.

#### NURSING EQUIPMENT.

Medical equipment supplied on loan is as follows :

Articles							Number loaned
Rubber sheets	...	...	...	...	...	...	81
Draw sheets	...	...	...	...	...	...	115
Bed pans	...	...	...	...	...	...	163
Bottles	...	...	...	...	...	...	116
Back rests	...	...	...	...	...	...	100
Air rings	...	...	...	...	...	...	107
Wheel chairs	...	...	...	...	...	...	72
Walking sticks	...	...	...	...	...	...	10
Crutches	...	...	...	...	...	...	26
Bed tables	...	...	...	...	...	...	1
Bed cages	...	...	...	...	...	...	26
Mattresses	...	...	...	...	...	...	5
Commodes	...	...	...	...	...	...	48
Feeding cups	...	...	...	...	...	...	23
Sputum mugs	...	...	...	...	...	...	—
Tripods	...	...	...	...	...	...	13
Ferrules	...	...	...	...	...	...	39
Fracture boards	...	...	...	...	...	...	3
Bed hoists	...	...	...	...	...	...	1
Walking frames	...	...	...	...	...	...	11
							<hr/>
Total number of articles issued	...	...	...	...	...	...	960
Total number of articles returned	...	...	...	...	...	...	790
							<hr/>
Total number of articles dealt with during the year	...	...	...	...	...	...	1,750

CHIROPODY SERVICE.

Consequent upon advancing years, there is in the extremities the impairment of circulation, with the subsequent impoverishment of the skin, and at the same time the hypertrophy of the nail plate. It would appear that the most common condition met with in geriatrics is affectation of the nail plate. This thickening and malformation of the nail plate is known as onychogryphosis. There is also the condition of onychocryptosis (ingrowing toe nails) which is normally caused by incorrect cutting, and can be quickly put right, and helomata (all types of corns) which are often caused by muscular contraction due to age, or to a lifetime of neglect. These can be very easily alleviated, and very frequently cured.

Many attend with normally good feet, but with pain caused by circulatory conditions. These are referred direct to the patient's general medical practitioner.

When necessary patients are given advice on shoe modifications to alleviate pressure on the foot and relieve pain.

The demand for the Chiropody Service continues to grow, and many more patients have received treatment.

CHIROPODY

Clinic	Males			Females			Totals		
	Patients		Treatments	Patients		Treatments	Patients		Treatments
	New	Old		New	Old		New	Old	
Wheatley Road ...	7	37	162	6	100	410	13	137	572
Cranworth ...	16	98	422	45	254	1153	61	352	1575
Ferham ...	14	69	350	34	215	889	48	284	1239
Greasbrough ...	5	29	121	11	71	228	16	100	349
Domiciliary ...	23	80	292	54	217	850	77	297	1142
Blind domiciliary ...	—	2	12	—	7	33	—	9	45
Canklow ...	4	9	56	7	32	160	11	41	216
Totals ...							226	1220	5138

IN SERVICE TRAINING SCHEME.

This scheme was fully reported in 1964 and has continued with three sessions in 1966. The benefit of this training to the home help is immeasurable and will continue with revision and group sessions ad infinitum.

#### GENERAL MEDICAL PRACTITIONER AND SOCIAL WORKER ATTACHMENT.

This service is still in the experimental stage, but progress has been made and more general medical practitioners are aware of the valuable assistance that can be given by closer unity, which provides the opportunity for active support from the local health authority worker.

In the rapidly changing conditions and the difficult economic situation, the future role of the Home Help Service will, owing to extreme pressure of numbers, be limited to persons in need who live entirely alone without relatives in the area to assist, and we shall see emerging a more advanced, if not altogether new, administration, which will be essential to meet the needs of tomorrow.

# MENTAL HEALTH

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Miss G. Calam, Mental Health Social Worker, was transferred to the post of Assistant Supervisor, Adult Training Centre. The post of Mental Health Social Worker was abandoned and a post of Mental Welfare Officer established. Mrs. M. D. Day, Assistant Supervisor, Adult Training Centre, was transferred to this post. As a result of this exchange of staff there are now four mental welfare officers available to carry out statutory duties under the Mental Health Act, 1959.

## TRAINING COURSES.

Mrs. J. E. Bruce of the Junior Training Centre staff attended the 1965/66 training course organised by the National Association for Mental Health, in Sheffield.

## JUNIOR TRAINING CENTRE.

Number on register 25 males and 18 females.

This centre continues to function most satisfactorily. The staff have worked well together and an excellent relationship exists between teacher and pupil.

Due to unforeseen circumstances the weekly visit to the swimming baths was temporarily suspended but the sessions were restored as quickly as possible with the help and co-operation of the Baths Committee. Early in the new year some six patients from a local hospital for the sub-normal will share the swimming session with us. Dr. C. Gattegno's method of teaching to read continues to play an important part in the training of the older group in the centre and improvement in this direction is noticeable.

Attendances during the year totalled 14,052 half days out of a possible 15,924 giving a percentage attendance of 88.24.

## ADULT TRAINING CENTRE.

Number on register 30 males and 24 females.

Re-organisation of staff, hours of attendance and holidays were re-adjusted during the year. The centre now operates from 9 a.m. to 4-30 p.m. Monday to Friday and closes only on Public and Bank Holidays. Trainees take holidays as and when parents request and staff holidays are taken on rota.

These changes, which were effected smoothly and efficiently, have resulted in more contract work being undertaken and the gratitude of parents who are now able to enjoy greater freedom.

Work on the new training centre is reasonably well advanced and it is hoped that it will be ready for occupation in late May or early June.

The contract work consisted of assembling nursing packs and pipettes, the boxing of bottle screw caps, the stamping of National Health Insurance prescription pads and medical certificates, the carding of combs and assembly of magnetic components for an engineering firm.

Attendances for the year numbered 21,398 half days out of a possible 23,340 giving a percentage attendance of 91.67.

Details of contract work completed for the year are as follows :—

1. Pre-packed dressing contract					
(a)	Home Nursing Service—	Large packs	...	...	5,804
		Small packs	...	...	6,980
(b)	Rotherham Hospitals—	Large packs	...	...	28,111
		Small packs	...	...	98,450
Total				...	<u>139,345</u>
2.	Comb contract—Combs carded	...	...	...	2,755
3.	Prescription and medical certificate pads—number stamped				5,550
4.	Glass works contract—(a)	Pipettes assembled	...	...	10,120 gross
		(b) Screw caps boxed	...	...	79,055 gross
5.	Engineering works contract—magnets assembled	...	...		51,220

OPEN DAYS—JUNIOR AND ADULT TRAINING CENTRES.

Open Day at both centres was held on Wednesday, 7th December, 1966. The centres were open to parents and friends throughout normal centre hours. Attendance at both centres was very good and it was estimated that a total of 160 people visited.

PARENT TEACHER ASSOCIATION.

This Association continues to be well supported and during the year donated £40.0.0 to each centre for Christmas parties and extra amenities.

Members of the Mental Health Sub-committee attended one of the Association's meetings and discussed problems of mutual interest. At this meeting parents raised the question of the provision of a hostel for the sub-normal. They emphasized their worries and fears about the future care of their sons and daughters when they were no longer in a position to care for them.

SOCIAL CLUB.

The Social Club for the sub-normal, held every Thursday evening, enjoyed a very good year with an average weekly attendance of 24.



MENTAL HEALTH HOSTEL (Park Lea, Doncaster Road).

The hostel continues to function satisfactorily but short time working and unemployment in the area has made finding employment for residents more difficult.

At the commencement of the year there were eight males and seven females in residence and during the year twelve males and nine females were admitted. Discharges during the year numbered ten males and eight females.

The following table summarises the rehabilitation of the hostel residents :—

	Male	Female	Total
In residence on 31st December, 1965 ...	8	7	15
Working ... ..	8	6	14
Unemployed ... ..	—	1	1
Attending rehabilitation course ...	—	—	—
Admitted during 1966 ... ..	12	9	21
Returned home or to alternative accommodation ... ..	9	6	15
Re-admitted into hospital ... ..	1	2	3
In residence on 31st December, 1966 ...	10	8	18
Working ... ..	4	8	12
Unemployed ... ..	5	1	6
Attending rehabilitation course ...	—	—	—

During the year employment was found for three males and five females.

SHORT TERM CARE (Ministry of Health Circular 5/52).

Cases were admitted into hospital for periods of short term care. Details are as follows :—

	Male	Female	Total
St. Catherine's Hospital, Doncaster ...	5	5	10
Thundercliffe Grange Hospital, Rotherham	5	2	7
Rawcliffe Hall Hospital, Goole ... ..	1	—	1
Total 1966 ... ..	11	7	18
Total 1965 ... ..	12	5	17

COMMUNITY CARE OF THE SUB-NORMAL AND SEVERELY SUB-NORMAL CASES.

The following statistics relate to the number of sub-normal and severely sub-normal cases were receiving community care on 31st December, 1966.

	Under 16 years		Over 16 years		Total
	Male	Female	Male	Female	
Severely sub-normal and sub-normal receiving community care in—1966 ... ..	25	15	77	87	204
1965 ... ..	22	16	75	87	200

Two cases under guardianship were discharged from order under the provisions of Section 47 (4), Mental Health Act, 1959 but continue to reside in the South of England supervised by the Brighton Guardianship Society.

The number of routine visits made under this heading totalled 961 compared with 820 for the year 1965. In addition to the routine visits made, numerous visits were made to various agencies on behalf of or in the interests of cases receiving community care.

WAITING LIST—SUB-NORMAL AND SEVERELY SUB-NORMAL PATIENTS.

21 patients were awaiting admission into hospital at 31st December, 1966.

Details are as follows :—

	URGENT				NON-URGENT				Total
	Under 16 yrs.		Over 16 yrs.		Under 16 yrs.		Over 16 yrs.		
	Male	Female	Male	Female	Male	Female	Male	Female	
Cot and chair cases ...	—	—	—	—	—	—	—	—	—
Low grade (ambulant)...	1	—	—	—	—	2	14	4	21
High grade (ambulant)	—	—	—	—	—	—	—	—	—
Total 1966 ...	1	—	—	—	—	2	14	4	21
Total 1965 ...	—	—	3	1	—	2	11	4	21

REFERRED FOR CARE (SUB-NORMAL AND SEVERELY SUB-NORMAL CASES).

The following cases were referred for care during 1966 :

	Male	Female	Total
Referred by Local Education Authority under the provisions of Section 57(4), Education Act, 1944 ... ..	3	—	3
Referred informally under the age of 5 years ... ..	2	—	2
Referred informally (a) Special school leavers ... ..	3	8	11
(b) Following discharge from hospital ... ..	5	2	7
(c) Other sources ... ..	—	—	—
Transferred from other authorities ... ..	—	—	1
<b>Total 1966</b>	<b>13</b>	<b>11</b>	<b>24</b>
<b>Total 1965</b>	<b>13</b>	<b>8</b>	<b>21</b>

As in previous years the majority of cases referred were notified by the Local Education Authority.

MENTAL HEALTH ACT, 1959 (SUB-NORMAL AND SEVERELY SUB-NORMAL SECTION).

The following table gives details of sub-normal and severely sub-normal patients who were in hospital on 31st December, 1966 :

	Male	Female	Total
St. Catherine's Hospital, Doncaster ...	28	28	56
Grenoside Hospital, Sheffield ... ..	7	3	10
Whittington Hall Hospital, Chesterfield ...	—	5	5
Stoke Park Hospital, Bristol ... ..	2	1	3
Thundercliffe Grange Hospital, Rotherham	7	4	11
Rampton Hospital, Retford ... ..	1	1	2
St. Joseph's Home, Sheffield ... ..	—	3	3
Fir Vale Hospital, Sheffield ... ..	—	2	2
Aughton Court Hospital, Sheffield ...	—	3	3
Borocourt Hospital, Reading ... ..	1	—	1
Victoria Hospital, Mansfield ... ..	1	—	1
The Manor Hospital, Epsom ... ..	1	—	1
Dronfield Hospital, Dronfield ... ..	1	1	2
Glenfrith Hospital, Leicester ... ..	1	—	1
Ridgeway Hospital, Derbyshire ... ..	1	—	1
Hollowmeadows Hospital, Sheffield ...	3	—	3
Middlewood Hospital, Sheffield ... ..	1	—	1
	55	51	106

The total number of cases shows a decrease of three from the previous year. During the year three females and one male were admitted and five males and two females discharged. Thirty-five cases granted holiday leave were escorted from and to hospitals by officers of the Mental Health Service.

MENTAL HEALTH ACT, 1959 (MENTALLY ILL)

(1) HOSPITAL ADMISSIONS.

The following table gives details of cases referred to the Mental Welfare Officers and the resultant action taken with comparable figures for the previous year.

Disposal of cases referred :	1966	1965
Admitted into hospital, Section 5, Mental Health Act, 1959	63	79
Admitted into hospital, Section 29, Mental Health Act, 1959	30	38
Admitted into hospital, Section 25, Mental Health Act, 1959	31	35
Admitted into hospital, Section 26, Mental Health Act, 1959	2	2
Admitted into hospital, Section 60, Mental Health Act, 1959	2	4
Hospital admission not necessary ... ..	37	25
	165	183

The total number of hospital admissions shows a decrease of 30 over the previous year. Mental Welfare Officers were called upon on 39 occasions outside normal office hours.

(2) AFTER CARE (SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946/SECTION 6, MENTAL HEALTH ACT, 1959).

At the commencement of the year 162 cases were receiving after-care. The number of cases referred during the year totalled 93, a decrease of 13 over the previous year. The total number of cases receiving after-care is now 145. During 1966 1,348 visits were made compared with 1,223 for the year 1965. Visits to psychiatric out-patients clinics (five), the interviewing of hospital patients pending discharge, regular visits to the Mental Health Hostel and the monthly attendance at the psychiatric hospital case conference were maintained throughout the year without interruption.

(3) LOCAL AUTHORITY—PREVENTION AND AFTER-CARE CLINIC.

This clinic, which is now held each Tuesday morning, continues to serve a most useful purpose in relationship to cases receiving community care with a poor prognosis. During the year 41 sessions were held and 325 patients treated, compared with 37 sessions and 234 patients treated last year.

# WELFARE

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In accordance with Circular 1/54 of the Ministry of Health dealing with the subjects for inclusion in the Annual Reports of Medical Officers of Health the following items are included :

## NATIONAL ASSISTANCE ACTS 1948 AND 1951

The Welfare Committee is responsible for the carrying out of the Council's Schemes under the above Act.

A joint sub-committee dealing with the Care of the Aged was formed in March, 1951, with three members each from the Health and the Welfare Committees of the Council. These are the Committees' Chairmen and Vice-Chairmen and one other member from each committee.

## BLIND PERSONS

The number of blind persons registered in the Borough at the 31st December, 1966, was 201. There was an increase of three from the previous year, and the following table gives the details of the age and sex of the cases remaining on the register :—

Age groups	Males	Females	Total
Under 5 years ... ..	1	—	1
Over 5 years and under 16 years ...	2	4	6
Over 16 years and under 20 years ...	3	—	3
Over 20 years and under 30 years ...	1	3	4
Over 30 years and under 40 years ...	4	4	8
Over 40 years and under 50 years ...	6	6	12
Over 50 years and under 60 years ...	14	10	24
Over 60 years and under 70 years ...	16	19	35
Over 70 years ... ..	31	77	108
Totals ... ..	78	123	201



Details of the employability of the cases over 16 years are as follows :—

	Males	Females	Total
Employed ... ..	13	2	15
Trained, but unemployed ... ..	1	—	1
Training ... ..	—	—	—
Trainable ... ..	—	—	—
Unemployable ... ..	61	117	178
Totals ... ..	75	119	194

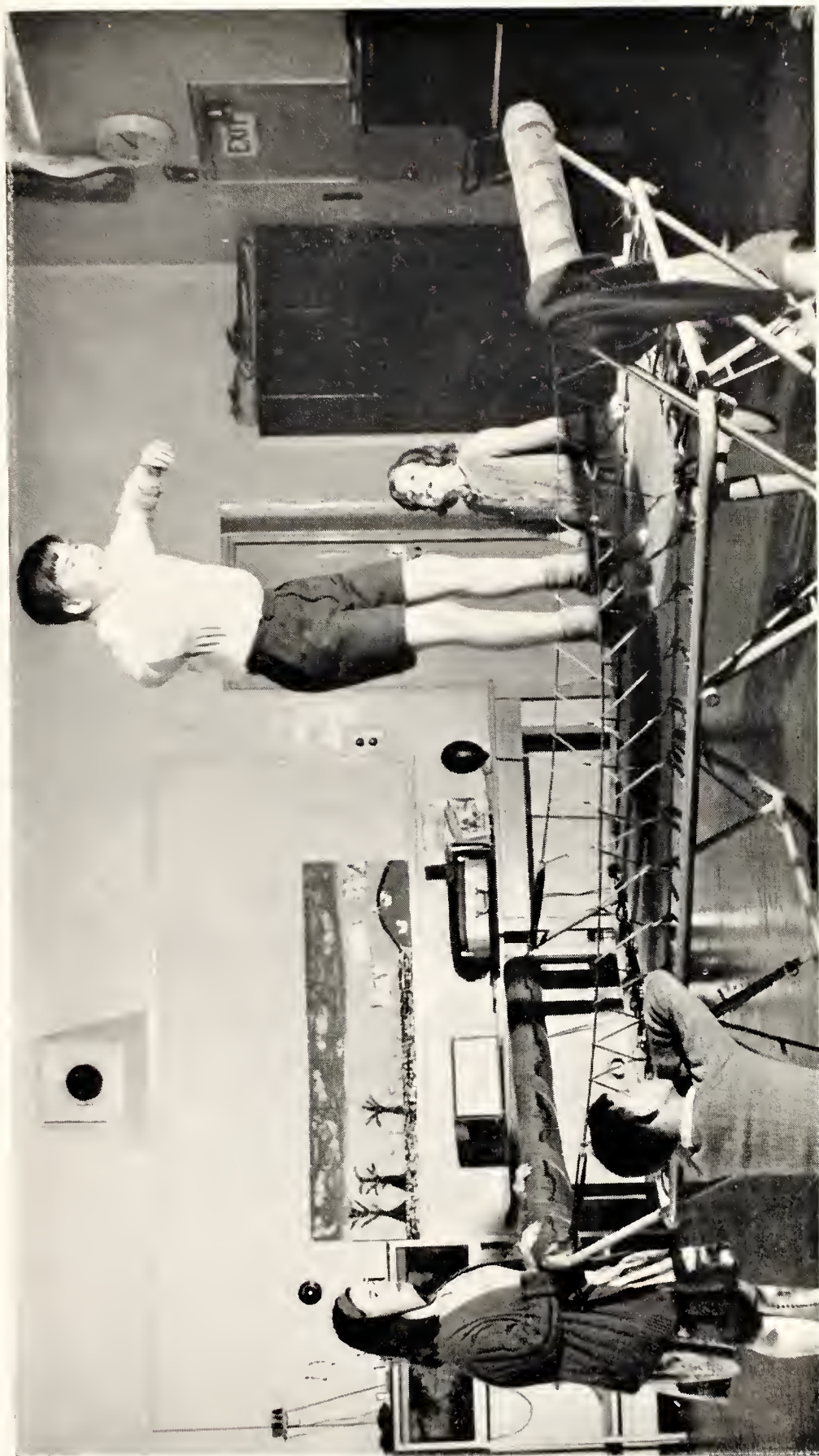
The following table gives the details of the occupation of the persons employed, or trained but unemployed :—

Occupation	Employed		Trained, but unemployed	
	Males	Females	Males	Females
Basket Maker ... ..	1	—	—	—
Braille Copyist ... ..	1	—	—	—
Brush Maker ... ..	4	—	—	—
Knitter ... ..	—	1	—	—
Mat Maker ... ..	1	—	—	—
Physiotherapist... ..	1	—	—	—
Piano Tuner ... ..	—	—	1	—
Poultry Keeper ... ..	1	—	—	—
Telephonist ... ..	2	—	—	—
Working Proprietor ... ..	1	—	—	—
Labourer ... ..	1	—	—	—
Shorthand Typist ... ..	—	1	—	—
Totals ... ..	13	2	1	—

In 1966 each new case was examined by the Consultant Ophthalmologists, Miss M. A. C. Jones or Mr. T. S. Maw, and form B.D.8 completed. 52 reports on this form were received during 1966 : 20 were in respect of persons certified blind; 12 were partially sighted; 14 were re-examined, of these 3 were transferred to the blind register, 1 de-certified, 10 remained on the partially sighted register, 6 of these to be re-examined in a year's time, 1 in 18 months, 2 in 2 years' time and 1 in 3 years' time; 6 cases were found to be not blind.

A study of these reports shows the following conditions obtained :

Junior Training Centre





Condition	Blind	Partially sighted	Re-examined	Not Blind
Absolute Glaucoma and Senile Macular Degeneration ... ..	—	—	—	1
Cataract ... ..	7	2	1	1
Cataract and Divergent Concomitant Squint ...	—	1	—	—
Cataract and Retina Detachment ... ..	—	—	—	1
Cataract and Macular Degeneration ... ..	—	—	1	—
Chronic Simple Glaucoma ... ..	1	—	1	—
Central Choroidal Retinal Atrophy and Cataract	—	—	1	—
Central Retinal Artery Occlusion and Macular Changes ... ..	—	1	—	—
Central Choroidal Sclerosis ... ..	1	—	—	—
Central Choroidal Retinal Degeneration ...	—	1	1	—
Corneal Dystrophy ... ..	—	—	1	—
Circinate Retinopathy ... ..	1	—	1	—
Detached Retina and Cataract ... ..	1	—	—	—
Disci-form Degeneration ... ..	2	—	—	—
Disci-form Degeneration and Central Choroidal Exudative Lesion ... ..	—	1	—	—
Extensive Posterior Choroido-Retinal Atrophy	—	—	1	—
High Myopia ... ..	—	1	1	—
High Myopia and Cataract ... ..	—	—	1	—
Hypertensive Retinopathy ... ..	—	—	—	1
Kerato Conjunctivitis Sicca ... ..	—	—	1	—
Macular Degeneration ... ..	2	1	—	—
Macular Degeneration and Disci-form Degeneration ... ..	—	1	—	—
Macular Degeneration and Early Cataract ...	1	—	—	—
Myopia ... ..	—	—	—	2
Myopic Degeneration ... ..	—	—	1	—
Optic Atrophy ... ..	—	1	—	—
Retinitis Pigmentosa ... ..	—	—	1	—
Retinopathy ... ..	4	1	1	—
Senile Macular Degeneration ... ..	—	1	—	—
Totals ... ..	20	12	14	6

The following observations are made in amplification of the above table :—

#### ABSOLUTE GLAUCOMA AND SENILE MACULAR DEGENERATION.

One case examined and found to be not blind, requiring ophthalmic medical supervision.



#### CATARACT.

Seven cases registered blind, five requiring surgical treatment, two no treatment recommended.

Two cases examined and found to be partially sighted, one no treatment recommended and one requiring ophthalmic medical supervision.

One case re-examined and de-certified due to improved acuity. One case examined and found to be not blind.

#### CATARACT AND DIVERGENT CONCOMITANT SQUINT.

One case examined and found to be partially sighted—requiring ophthalmic medical supervision.

#### CATARACT AND RETINA DETACHMENT.

One case examined and found to be not blind, ophthalmic medical supervision required.

#### CATARACT AND MACULAR DEGENERATION.

One partially sighted case re-examined and transferred to blind persons register—no treatment recommended.

#### CHRONIC SIMPLE GLAUCOMA.

One case examined and registered blind, requiring ophthalmic medical supervision.

One case re-examined also requiring ophthalmic medical supervision.

#### CENTRAL CHOROIDO-RETINAL ATROPHY AND CATARACT.

One partially sighted case re-examined—no treatment recommended.

#### CENTRAL RETINAL ARTERY OCCLUSION AND MACULAR CHANGES.

One case examined and found to be partially sighted—no treatment recommended.

#### CENTRAL CHOROIDAL SCLEROSIS

One case examined and registered blind—no treatment recommended.

#### CENTRAL CHOROIDAL RETINAL DEGENERATION

One case examined and found to be partially sighted requiring ophthalmic medical supervision.

One partially sighted case re-examined, no change in category, no treatment recommended.

#### CORNEAL DISTROPHY

One partially sighted case re-examined requiring ophthalmic medical supervision, no change in category.

#### CIRCINATE RETINOPATHY

One case examined and registered blind no treatment recommended. One partially sighted case re-examined, no change in category, no treatment recommended.



#### DETACHED RETINA AND CATARACT

One case examined and registered blind requiring surgical treatment at early convenience.

#### DISCI-FORM DEGENERATION

Two cases examined both registered blind—no treatment recommended.

#### DISCI-FORM DEGENERATION AND CENTRAL CHOROIDAL EXUDATIVE LEISON

One case examined and found to be partially sighted requiring ophthalmic medical supervision.

#### EXTENSIVE POSTERIOR CHOROIDO-RETINAL ATROPHY

One partially sighted case re-examined—no change in category.

#### HIGH MYOPIA

One case examined and found to be partially sighted, no treatment recommended.

One partially sighted case re-examined, no change in category, requiring surgical treatment later.

#### HIGH MYOPIA AND CATARACT

One partially sighted case re-examined requiring ophthalmic medical supervision—no change in category.

#### HYPERTENSIVE RETINOPATHY

One case examined and found to be not blind, requiring ophthalmic medical supervision.

#### KERATO CONJUNCTIVITIS SIGCA

One partially sighted case re-examined and transferred to blind register, requiring ophthalmic medical supervision.

#### MACULAR DEGENERATION

Three cases examined, two registered blind, no treatment recommended. One found to be partially sighted requiring medical treatment.

#### MACULAR DEGENERATION AND DISCI-FORM DEGENERATION

One case examined and found to be partially sighted, requiring ophthalmic medical supervision.

#### MACULAR DEGENERATION AND EARLY CATARACT.

One case examined and registered blind—no treatment recommended.

#### MYOPIA

Two cases examined and found to be not blind—no treatment recommended.

MYOPIC DEGENERATION

One partially sighted case re-examined, no change in category and no treatment recommended.

OPTIC ATROPHY

One case examined and found to be partially sighted, requiring ophthalmic medical supervision.

RETINITUS PIGMENTOSA

One partially sighted case re-examined and transferred to Blind Register, no treatment recommended.

RETINOPATHY

Five cases examined, four registered blind, two requiring medical treatment, two no treatment recommended, one found to be partially sighted, requiring medical treatment.

One partially sighted case re-examined requiring medical treatment, no treatment recommended.

SENILE MACULAR DEGENERATION

One case examined and found to be partially sighted no treatment recommended.

The following cases of Epilepsy are known to the Welfare Department :

INSTITUTIONAL :						Males	Females	Total
" Ashvale "	...	...	...	...	...	1	1	2
(Part III accommodation)								
" Rotherstoke "	...	...	...	...	...	3	—	3
(Part III accommodation)								
" Rookwood "	...	...	...	...	...	1	2	3
(Part III accommodation)								
David Lewis Colony, Manchester						—	2	2
AT HOME :								
On handicapped persons register						19	12	31
						24	17	41

Thirteen cases of Cerebral Palsy are also known to the Department, and details of these are as follows :

INSTITUTIONAL :						Males	Females	Total
" Kirk House,"	Rotherham	...	...			—	1	1
(Part III accommodation)								
(Huddersfield C.B. case)								
The Bedford Home, Buxton						—	1	1
AT HOME :								
On handicapped persons register						5	6	11
						5	8	13

**COUNTY BOROUGH OF ROTHERHAM**  
**(EDUCATION COMMITTEE)**



**REPORT**  
**OF THE**  
**PRINCIPAL**  
**SCHOOL MEDICAL**  
**OFFICER**  
**FOR THE YEAR**  
**1966**

# COUNTY BOROUGH OF ROTHERHAM

## GENERAL STATISTICS

Population—Registrar-General's estimate as at mid-year 1966	...	...	...	...	...	...	...	...	86,970
School population	...	...	...	...	...	...	...	...	15,266
Area (acres)	...	...	...	...	...	...	...	...	9,255
Nursery Schools :									
Number of schools	...	...	...	...	...	...	...	...	1
Number of departments	...	...	...	...	...	...	...	...	1
Total number on roll	...	...	...	...	...	...	...	...	110
Primary Schools :									
Number of Schools	...	...	...	...	...	...	...	...	19
Number of departments	...	...	...	...	...	...	...	...	31
Total number on roll	...	...	...	...	...	...	...	...	8,466
General Secondary Schools :									
Number of schools	...	...	...	...	...	...	...	...	6
Number of departments	...	...	...	...	...	...	...	...	7
Total number on roll	...	...	...	...	...	...	...	...	4,344
Voluntary Primary Schools :									
Number of schools	...	...	...	...	...	...	...	...	2
Number of departments	...	...	...	...	...	...	...	...	2
Total number on roll	...	...	...	...	...	...	...	...	616
Voluntary Secondary Schools :									
Number of schools	...	...	...	...	...	...	...	...	1
Number of departments	...	...	...	...	...	...	...	...	1
Total number on roll	...	...	...	...	...	...	...	...	490
Secondary Grammar Schools :									
High School for Girls—Number of pupils	...	...	...	...	...	...	...	...	546
Grammar School for Boys—Number of pupils	...	...	...	...	...	...	...	...	460
Special Schools :									
Newman School—Number of pupils	...	...	...	...	...	...	...	...	152
Abbey School (Educationally sub-normal children)—									
Number of pupils	...	...	...	...	...	...	...	...	82

# SCHOOL CHILD POPULATION ACCORDING TO AGE

Age				Boys	Girls	Total
Under 3	...	...		21	30	51
3 years	...	...	...	36	25	61
4 years	...	...	...	262	244	506
5 years	...	...	...	723	721	1,444
6 years	...	...	...	750	712	1,462
7 years	...	...	...	657	687	1,344
8 years	...	...	...	718	692	1,410
9 years	...	...	...	670	628	1,298
10 years	...	...	...	665	672	1,337
11 years	...	...	...	636	623	1,259
12 years	...	...	...	691	643	1,334
13 years	...	...	...	644	631	1,275
14 years	...	...	...	661	613	1,274
15 years	...	...	...	373	327	700
16 years	...	...	...	123	135	258
17 years	...	...	...	86	89	175
18 years	...	...	...	33	40	73
19 years	...	...	...	4	1	5
Totals ...				7,753	7,513	15,266



## SUMMARY OF WORK

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<b>A. Medical Officers at schools:</b>									
Routine inspections in schools	...	...	...	...	...	...	...	...	2,012
Special inspections in schools	...	...	...	...	...	...	...	...	1,496
Re-inspections in schools	...	...	...	...	...	...	...	...	3,601
<b>B. Medical Officers at clinics:</b>									
Routine inspections of children's homes and boarded-out children	...	...							229
Inspections at clinics	...	...	...	...	...	...	...	...	785
Re-inspection at clinics	...	...	...	...	...	...	...	...	113
Inspections under employment of children byelaws	...	...							54
Miscellaneous	...	...	...	...	...	...	...	...	527
<b>C. Consultants at clinics:</b>									
Special inspections at clinics	...	...	...	...	...	...	...	...	2,411
Re-inspection at clinics	...	...	...	...	...	...	...	...	5,438
<b>D. Dental Officers:</b>									
Routine inspections at schools	...	...	...	...	...	...	...	...	11,419
First inspection at clinics (school children)	...	...	...	...	...	...	...	...	2,256
Re-inspections at clinics (school children)	...	...	...	...	...	...	...	...	2,619
First inspections (non-school cases)	...	...	...	...	...	...	...	...	448
Attendances for treatment (school children)	...	...	...	...	...	...	...	...	13,763
Attendances for treatment (non-school cases)	...	...	...	...	...	...	...	...	837
<b>E. School Nurses and other workers:</b>									
Visits to schools	...	...	...	...	...	...	...	...	1,444
Examinations for cleanliness in schools	...	...	...	...	...	...	...	...	26,106
Visits to homes	...	...	...	...	...	...	...	...	729
Treatment of minor ailments in clinics (school children)	...	...	...						3,699
(pre-school children)	...	...	...						82
Treatment of aural defects in clinics (school children)	...	...	...						1,010
(pre-school children)	...	...	...						235
<b>F. Speech Therapist:</b>									
Treatments for speech training (school children)	...	...	...						885
(pre-school children)	...	...	...						167
(adults)	...	...	...						65
<b>G. Chiropodist:</b>									
Attendances for treatment (school children)	...	...	...						1,067
(pre-school children)	...	...	...						8
<b>H. Physiotherapist:</b>									
Attendances for treatment (school children)	...	...	...						3,170
(pre-school children)	...	...	...						297

# CLINIC ATTENDANCES

The following table summarises the work done at the several school clinics during the year :—

Work undertaken	Ferham		Cranworth Road		Thorpe Hesley		Greas-brough		Newman School		Black-burn		Abbey School		High Grave Road		St. John's Green		Canklow		Totals					
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	School cases	Non-School cases	All cases			
Minor ailment and general ...	415	543	980	1254	300	446	3	5	121	1113	37	60	93	107	549	664	79	98	2	3	2549	4211	30	82	2579	4293
Ophthalmic ...	648	1637	247	627	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	880	2233	15	31	895	2264
Ear, nose and throat ...	697	1366	197	447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	751	1324	143	489	894	1813
Dental ...	3190	8724	2423	5876	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5165	13763	448	837	5613	14600
Child guidance ...	229	547	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	113	271	116	276	229	547
Chiropody ...	278	544	212	531	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	482	1067	8	8	490	1075
Speech therapy ...	162	781	20	94	-	-	-	-	21	164	-	-	12	78	-	-	-	-	-	-	174	885	41	232	215	1117
Employment ...	24	24	29	29	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	54	54	-	-	54	54
Physiotherapy ...	54	805	52	938	-	-	-	-	61	1724	-	-	-	-	-	-	-	-	-	-	160	3170	7	297	167	3467
Total ...	5697	14971	4160	9796	300	446	3	5	204	3002	37	60	105	185	549	664	79	98	2	3	310328	26978	808	2252	11136	29230

## MEDICAL INSPECTION AND TREATMENT

In the past few years several local authorities have experimented with new methods of medical inspection in schools. Many stimulating ideas have emerged and sufficient ground-work completed to justify a re-appraisal of the inspection system in Rotherham. This was carried out in 1965 and as a result a new, selective system of examination was introduced in March, 1966.

The routine medical examination has remained unchanged in principle and application ever since the beginning of the School Health Service. It has become an inefficient tool in preventive medicine. The examinations at ages 9 and 14 were largely a duplication of work already done. Many of the conditions discovered were already under treatment; others were acute conditions which parents should be encouraged to bring to the attention of their family doctor. Inevitably so many children had to be seen in so short a time that there was sometimes a risk of the examination becoming cursory and incomplete; certainly the work of reviewing a whole succession of normal, healthy children is intensely monotonous to even the most conscientious doctor. It has become difficult to recruit school doctors of adequate calibre, experience and training and possessed of that special attitude of mind essential to the job, and it is a pity to waste their talents on fruitless tasks.

In Rotherham every effort has always been made to secure treatment for a child found to be in need of it but there is more than a grain of truth in the oft-quoted contention that the School Health Service is a device for collecting statistics.

The changes which now demand a reappraisal of the system have been due in part to the improved health of our children and partly because of the inherent difficulties in the old methods, with no incentives and no audit system to maintain and better existing standards. Furthermore it has become clear that future trends in preventive medicine will encompass the increasing employment of screening techniques. A selective system in essence consists of a series of screening tests, designed to restrict detailed investigation to those who require it. We have been moving in this direction over the past few years with regard to vision, hearing and tuberculosis.

It would not be possible to abolish the initial examination at five years, indeed, this assumes an added importance since it forms a base-line on which measurements are later superimposed. It is the foundation of an efficient selective system and more time has to be allotted to it.

The merits of the selective system are :—

1. The school doctor visits each school at regular and frequent intervals, gets to know the teaching staff better and develops wider interests with regard to the environment of the child.

2. The fruitless examination of large numbers of healthy children is avoided.
3. Parents become more aware of the opportunities for consultation with school doctors and, whether or not they are able to attend, the history is obtained.
4. There is less interference with school work and minor problems can be stored for the school doctor's visit instead of referring the child to a minor ailment clinic (these clinics will be gradually abolished).
5. By relieving the tedium of repeated examinations of healthy children, the School Health Service will become more attractive to potential recruits and at the same time more responsibility will be given to the school nurses.

Re new scheme. This consists of :—

1. An initial, comprehensive examination at 5 years. 12 children are examined in a session instead of 18 as formerly.
2. A series of screening tests carried out mainly by the school nurses, e.g.—
  - Vision (at 5, 7, 9, 11 and 14 years).
  - Hearing (at 5, 7 and 11 years).
  - Colour vision (at 11 years).
  - Feet and posture.
  - Tuberculosis (at 14 years).
  - Anaemia (older girls).
  - Random sampling procedure for measurements.
  - Head inspections (yearly).
  - Dental inspection (as at present).
3. Termly visits by the school doctor with examination of any child nominated by the parent, class teacher, head teacher, school nurse or by the doctor. At ages 9 and 14 a school questionnaire is sent to the parents for completion and after perusal of the medical records since birth, the parents are notified of the need (or lack of need) for examination and invited to be present.

The new system was introduced on an experimental basis at Coleridge Road and Spurley Hey schools in the summer term, 1966 and extended to all schools the following term. The backlog of existing work and staff shortages have prevented its full implementation but the advantages have already been confirmed. A statistical analysis will not be possible for some time.

The opportunity was taken to introduce a booklet for presentation to the parents of children who have just entered school, describing the facilities offered by the School Health Service.

During 1966 routine medical examinations were carried out in respect of 2,241 children compared with 3,881 children in 1965. 1,629 children were found not to warrant a medical examination.

Special and re-inspections totalled 13,844 against 11,850 in 1965.

These figures include children in the children's homes and boarded-out children.

SCHOOL LEAVERS

A precis of school medical history is sent, with the co-operation of the Health Executive Council, to the family doctors in respect of each child about to leave school. During 1966 a total of 1,107 such reports were issued.

PHYSICAL CONDITION

The following table shows the classifications of children at the routine examinations.

No. of children examined		Satisfactory	Unsatisfactory
1966	2,241	100.0	-
1965	3,881	99.97	.03



## INFESTATION

The number of children examined was 26,101, slightly more than the 1965 figure of 25,344. Children found to be infested with lice and/or nits numbered 681 compared to 1,112 in 1965 and 2,895 in 1964 (an infestation rate of 2.6% in 1966 compared with 9.9% in 1964). Since the new methods of examination were introduced in 1964, the school population has been surveyed several times and certain families, 241 in all, have been identified whose children have been infested on more than one occasion and it has become possible to give these families closer scrutiny. Otherwise the reduction in the overall incidence of infestation is welcome but it was still necessary to serve 139 cleansing notices and 128 cleansing orders during the year. This is shameful when advice and treatment are provided free for all members of the family and it involves a lot of unpleasant work for the Health Department staff.

Legal proceedings under Section 54 of the Education Act, 1944, were taken against four parents. Two of the fathers were fined £2 and one £1. A fourth, who denied the accusation, was given an absolute discharge and ordered to pay 4/- costs.

In the autumn of 1966 it began to appear that another disease, scabies, was giving cause for concern. The local consultant dermatologists drew attention to an apparent increase in the number of cases in the Borough and elsewhere and quite a few school children have been amongst those affected.

The cause is not known and is indeed extremely puzzling because at a time when overcrowding is being reduced and more homes supplied with bathing facilities, we would naturally expect a reduction in the incidence of scabies. But the natural history is one of a succession of waves, possibly related to the individual and communal immunity which develops due to hypersensitivity after repeated infections. Hypersensitivity causes itching which removes the mite; when a new generation arises without hypersensitivity the epidemic recurs.

The increasing incidence was brought to the attention of local practitioners. In the Health Department it was decided that, in order to simplify arrangements, the district nurses would in future be responsible for both treatment (when requested) and family contact tracing. A register is being kept but it would enable the disease more quickly to be brought under control if it could be made notifiable.

## OPHTHALMIC SERVICE

Visual acuity tests are carried out routinely in schools at ages 5, 7, 9, 11 and 14+.

The following table analyses the results of routine vision testing in 1966 :

Ages			Number routinely tested	Number requiring treatment	Percentage
5	...	...	1,147	64	5.5
7	...	...	1,220	157	12.9
9	...	...	1,234	230	18.6
11	...	...	1,446	332	22.9
14 plus	...	...	1,121	241	21.5
Totals	...		6,168	1,024	16.6

Special eye clinics were attended by an ophthalmic surgeon on 81 occasions. The appended tables give an analysis of the work :

	Refractions			Re- inspections
	Inspected	Refracted	Spectacles prescribed	
School children ...	880	729	634	521
Pre-school children	15	15	10	—
Totals ...	895	744	644	521

The conditions found at the examinations were as follows :

						School children	Pre-school children
Emmetropia	...	...	...	...	...	64	2
Hypermetropia	...	...	...	...	...	32	4
Hypermetropic astigmatism	...	...	...	...	...	336	7
Myopia	...	...	...	...	...	155	—
Myopic astigmatism	...	...	...	...	...	62	—
Mixed astigmatism	...	...	...	...	...	94	—
Concomitant strabismus	...	...	...	...	...	51	13
Amblyopia	...	...	...	...	...	27	—
Cataract	...	...	...	...	...	6	—

## EAR, NOSE AND THROAT SERVICE

Children are referred to the Ear, Nose and Throat Consultant from both general practitioners and school medical officers.

The work of the clinic is summarised in the following tables :

	Ferham		Cranworth Road		Total	
	School children	Children under 5	School children	Children under 5	School children	Children under 5
Number of new cases referred to Ear, Nose and Throat Consultant	436	77	113	25	549	102
Total number of cases attending...	593	104	158	39	751	143
Total number of attendances made	937	429	387	60	1324	489

Particulars of the conditions found are given in the following table :

	Ferham		Cranworth Road		Total	
	School children	Children under 5	School children	Children under 5	School children	Children under 5
Number of cases attending ...	593	104	158	39	751	143
Ear conditions—Suppurative ...	103	17	48	6	151	23
Non-suppurative...	171	30	10	20	181	50
Nose conditions ... ..	111	29	51	5	162	34
Throat conditions ... ..	198	28	49	8	247	36

Suitably trained nurses sweep test the hearing of all school children at the ages of 5, 7 and 11 years, using portable transistorised pure tone audiometers. Those children failing this test at 25 d.b.s. are retested in school and referred to the Ear, Nose and Throat Consultant if failing a second time.

Results of routine hearing tests :

Age	Number tested	Failed 1st test	Failed 2nd test
5 years ... ..	1,514	134	59
7 years ... ..	1,517	127	47
11 years ... ..	1,029	47	11
Totals ...	4,060	308	117

The total number of children with a hearing loss referred from routine medical inspection and special audiometric surveys at 5, 7 and 11 years was 407.

The Ear, Nose and Throat Consultant's findings of these children are as follows :

	Ferham		Cranworth Road		Total	
	School children	Children under 5	School children	Children under 5	School children	Children under 5
Findings :						
Secretory otitis ... ..	16	8	10	3	26	11
Wax ... ..	20	5	12	1	32	6
Foreign bodies ... ..	5	6	1	1	6	7
No defects ... ..	19	8	14	3	33	11
Recommendations :						
Removal of tonsils and adenoids	29	7	13	3	42	10
Removal of adenoids ... ..	35	11	16	4	51	15
Removal of tonsils ... ..	33	—	15	—	48	—
Myringotomy and aspiration ...	21	5	22	—	43	5
Antrum washout ... ..	11	1	19	—	30	1
Hearing aids ... ..	4	1	3	—	7	1
Suction clearance ... ..	16	—	12	—	28	—

## ORTHOPAEDIC SERVICE

### ORTHOPAEDIC CONSULTATIONS.

Twenty sessions were held by the Orthopaedic Consultant during the year.

Details are given below :

				First inspections	Total inspections
School children	...	...	...	147	365
Pre-school children	...	...	...	28	55
Total				175	420

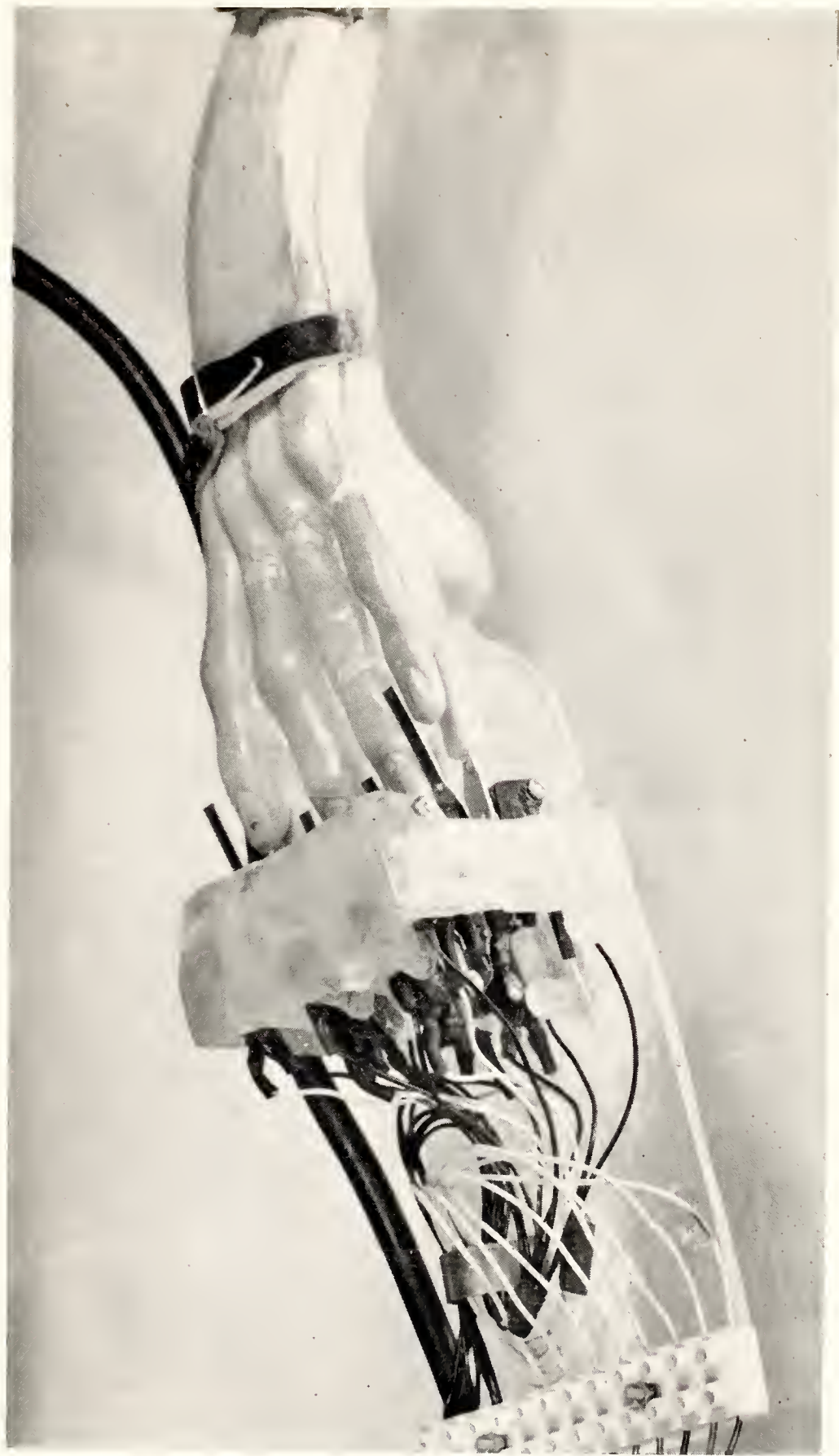
## PHYSIOTHERAPY SERVICE

### REPORT OF THE PHYSIOTHERAPIST.

During the year 167 infants and school children were given 3,467 physiotherapy treatments.

With the closing of the Main Street swimming baths the group of physically handicapped children from the Newman School have been attending the Sheffield Road baths for hydrotherapy once weekly. Whilst this arrangement is much more convenient for transport and dressing accommodation for the children, the water temperature is not nearly high enough to help a handicapped child. In order to obtain the full benefit of treatment in water the temperature must be 90-96°F. For example, when treating a child for cerebral palsy, if the water temperature is high then the muscle spasm of the affected areas tends to relax, enabling the extremities to be exercised more than in the medium of a normal atmosphere. If the water is cold there is an involuntary contraction and an increase in local and general spasm; the result is less movement and co-ordination.





### UNUSUAL PROSTHESIS

Made in dental laboratory, enables polio patient to operate electric typewriter.





Not only the water temperature but the dressing room temperature as well must be kept high. Hence the need for a special hydrotherapy pool for pupils at this school; an ordinary swimming bath is not sufficiently adaptable for their needs.

The following table gives the details of the number of cases attending and total number of treatments given for the year :

Clinic	School children		Pre-school children	
	Cases	Treatments	Cases	Treatments
Ferham ... ..	49	655	5	150
Cranworth Road ... ..	50	791	2	147
Newman School ... ..	61	1,724	—	—
Totals ... ..	160	3,170	7	297

Details of conditions treated are given in the following table. In some cases one child has attended for two or more conditions during the same period of treatment.

Asthma ... ..	29
Other respiratory conditions ... ..	7
General poor posture ... ..	9
Scoliosis ... ..	10
Kyphosis ... ..	7
Flat feet ... ..	30
Valgus deformity of ankles ... ..	9
Pes cavus ... ..	2
Hallux valgus ... ..	2
Genu valgum ... ..	3
Other lower leg conditions ... ..	7
Talipes ... ..	6
Athetosis ... ..	7
Spastic haemiplegia ... ..	9
Spastic quadriplegia ... ..	4
Spastic diplegia ... ..	2
Spastic monoplegia ... ..	1
Spastic paraplegia ... ..	2
Anterior poliomyelitis ... ..	10
Recent injuries ... ..	8
Conditions of knee ... ..	2
Conditions of hip ... ..	2
Perthe's disease ... ..	2
Hydrocephalus ... ..	3
Rheumatoid arthritis ... ..	1
Spina bifida ... ..	2

Acne vulgaris	...	...	...	...	...	...	3
Sprengels shoulder	...	...	...	...	...	...	1
Psoriasis	...	...	...	...	...	...	1
							<hr/> 181 <hr/>

### CHEST CLINIC

The Chest Consultant examined 155 new school children during the year, 3 were referred by school medical officers and 152 by general practitioners.

### PAEDIATRIC SERVICE

As stated in previous reports, children are referred direct to the hospital for examination and reports are received from the Consultant Paediatrician on all children seen by him. This arrangement continues very satisfactorily.

### CHIROPODY SERVICE

#### REPORT OF THE CHIROPODIST.

The Chiropody Clinic fills a much needed role in foot care—foot health and foot health education. The work of this section has been fully reported in previous years. A detailed list of this year's cases and treatments is appended but it does not refer to the numerous cases where advice about footwear or foot health guidance was given.

There has been a very slow but nevertheless much needed improvement in the styles of teenage footwear and this should eventually show a marked improvement in the feet of our senior girls.

One problem however is being investigated at this time and that is the increase in cases of helomata (corns) now being seen in our younger children. These cases are mainly children attending junior schools in the better-class districts; it is rare to see corns on the feet of children attending junior schools in the less salubrious areas. This is indeed a problem which must be solved and deep attention is being given to it.

Defects	School children		Pre-school children	
	Cases	Attendances	Cases	Attendances
Verrucae ... ..	312	875	4	4
Corns ... ..	128	140	4	4
Foreign body in foot ...	12	12	—	—
Nail conditions ... ..	14	20	—	—
Callosities ... ..	16	20	—	—
Totals ... ..	482	1,067	8	8

## MINOR AILMENTS

A total of 1,960 minor ailments were dealt with during the year, the figure for 1965 being 1,971.

There were nine cases of scabies treated during 1966.

## CHILD GUIDANCE SERVICE

During much of 1966, the clinic was run by Dr. F. B. G. Wood with the help of Mr. T. Lee, Educational Psychologist, under the guidance of Dr. A. C. Woodmansey, M.D., B.Sc., M.R.C.P., D.P.M., D.C.H., who acted in an advisory capacity. Dr. Woodmansey gave his services most willingly, and without his assistance the Child Guidance Clinic would have been much the poorer; thanks are due to him for "bridging the gap."

In July 1966, applicants were interviewed for the position of Consultant Psychiatrist, and as a result Dr. K. D. Hopkirk, L.R.C.P., M.R.C.S., D.P.M., was appointed; in this capacity he is Medical Director of the Rotherham, Woodlands (Doncaster) and Maltby Child Guidance Services.

Dr. Hopkirk arrived towards the end of 1966. Most of the subsequent two months were spent in reviewing the cases that had been dealt with at the clinic during the previous months. Because of this he saw only a few new cases and no useful comment is possible at this stage.

The position of Social Worker at the clinic had been left vacant pending the appointment of a Psychiatrist. Following Dr. Hopkirk's appointment, preliminary steps were taken towards the appointment of a Psychiatric Social Worker.

The following tables give an analysis of the year's work :

### SOURCES OF REFERRAL

Consultants	...	...	...	2
General Practitioner	...	...	...	15
School Medical Officer	...	...	...	21
Head Teachers	...	...	...	20
Parents	...	...	...	11
Children's Officer	...	...	...	5
Speech Therapist	...	...	...	2
Educational Psychologist	...	...	...	3
Welfare Officer	...	...	...	1
Director of Education	...	...	...	1
Magistrates	...	...	...	1

### TYPES OF CASE

Suicides, attempt or gesture	...	...	...	5
Behaviour, anti-social	...	...	...	10
Educational	...	...	...	7
Maladjusted	...	...	...	34
School phobia	...	...	...	8
Incontinence, Enuretic, Faecal	...	...	...	4
Anxiety state or phobia	...	...	...	7
Hyperactive	...	...	...	2
Depression	...	...	...	2

					School children	Pre-school children	Total
No. of individual children who have attended	...	...	...	...	113	2	115
No. of attendances made to see:							
(a) Psychiatrist (from 3/11/66)	...	...	...	...	66	—	66
(b) Psychologist	...	...	...	...	134	—	134
(c) School Medical Officer	...	...	...	...	71	2	73
					—	—	—
					271	2	273
					—	—	—
No. of individual parents who have attended	...	...	...	...	112	2	114
No. of attendances made to see:							
(a) Psychiatrist (from 3/11/66)	...	...	...	...	66	—	66
(b) Psychologist	...	...	...	...	136	—	136
(c) School Medical Officer	...	...	...	...	70	2	72
					—	—	—
					272	2	274
					—	—	—
No. of new cases referred in 1966	...	...	...	...	80	2	82
No. of new cases taken on for treatment	...	...	...	...	75	2	77
No. of new cases seen by Psychiatrist	...	...	...	...	26	—	26
No. of new cases seen by Psychologist	...	...	...	...	19	—	19
No. of new cases seen by School Medical Officer	...	...	...	...	30	2	32
No. of cases discharged	...	...	...	...	37	2	39
Waiting list at 1/1/66	...	...	...	...	—	—	—
Waiting list at 31/12/66	...	...	...	...	—	—	—
No. of home visits by Social Worker	...	...	...	...			33
No. of clinic sessions	...	...	...	...			92



## DENTAL SERVICE

### REPORT OF THE PRINCIPAL DENTAL OFFICER.

During 1966 the Rotherham Local Authority dental clinics had the full complement of six dental surgeons, although until two further dental surgery assistants were appointed in October, the full benefit of this happy position was not fully achieved. The new clinic at Ferham has been in use all the year, with four surgeons; while Cranworth Road clinic has been reduced to two surgeons—this is not ideal, since the two clinics are sited so as to serve approximately half the school population each. However, the third surgery at Cranworth was not really satisfactory and this imbalance must persist until a new clinic is built at Cranworth.

For some years it had been anticipated that the County Borough boundaries would be extended but this has not come about and it may be that an establishment of six dentists is rather higher than average for a town of the size of Rotherham. It should be remembered that with holidays this only gives an effective strength of less than  $5\frac{1}{2}$  dentists throughout the year, and while, judged solely on figures, the Local Authority may appear overstaffed, it is surely better to have an adequate staff than to be short, especially in such a humanitarian scheme as dental treatment. There are several lines of research and enquiry which might be profitably followed by the Local Authority dentists—such as the why and wherefore of children with naturally sound teeth or dental conditions amongst twins—so that there may well be a case for maintaining the present staff, especially as it is only for the past four/five months that proportional ancillary and clinical staff has been employed. The volume of paper work done in getting the record cards out for a school inspection, conducting the inspection, counting and sorting the results of the inspection and re-filing the record cards, the daily recording of treatment and making of appointments, takes an enormous amount of time.

New dentists joining the school service, in an area which has already a reasonable dentist/population ratio, take 12/18 months to collect their own clientele. They contact these patients in the first place either as reluctant visitors to the clinic for extraction of an aching tooth or as infants at a first school inspection. Thus the time taken to establish themselves is probably longer for each new entrant, since the source of prospective clients gets progressively less. The following comparison of the output for the five months prior to and after the appointment of sufficient attendant/clinical staff is confirmation of this point.

	Attendance	Teeth filled	Teeth extracted	Half-day sessions
May/September, 1966 ...	5,512	2,434	2,979	813
October 1966/February, 1967 (both incl.) ...	6,421	4,416	3,181	859

It is essential to hold clinics on Saturday mornings. Many parents do not wish their children to miss school time, especially during ‘O’ and ‘A’ level exam. years, so that these sessions and, of course, those held during the school holidays are generally well attended.

All the children attending schools in the Borough have had a routine dental inspection in the year—many of them are seen twice if they happen to move from a school seen early in the year to one inspected in the later months. Many children attend the clinics regularly two or three times per year (often during school holidays) and children suffering toothache from areas adjacent to the Borough are not turned away; 234 children from these neighbouring areas were seen and treated during 1966.

The 505 boys attending the Grammar School were inspected and detailed chartings made of each mouth. The collecting and sorting of this evidence was a long and laborious process, for which Mrs. Boulton deserves great credit. The most interesting details noted from these 505 boys were that 296 attended the Local Authority clinics, 153 private dentists and 56 had never had any dental treatment at all; the average number of teeth lost, carious or filled, rose from 5.35 in the 12 year olds to 9.31 at 15 years old, 10.97 at 18 years and 13.08 for the 19 year olds (though only twelve boys of this age were seen). Only five boys were naturally sound and 94 others were sound as a result of treatment, though the 406 boys requiring treatment, including the 51 “total abstainers,” only require attention to 1,470 teeth, many of which are merely “sticky” fissures. The details are shown in the appended table :—

	Treated by Private Dentist				Treated at Local Authority Clinics				Total				No. of Boys never seen by any dentist	No. of L.C.F. per Boy	No. of carious teeth per boy requiring treatment, 1966
Age	No. of Boys	Lost	Carious	Filled	No. of Boys	Lost	Carious	Filled	No. of Boys	Lost	Carious	Filled			
19	4	9	17	39	8	22	14	56	12	31	31	95	—	13.08	2.58
18	16	41	55	121	25	40	81	112	41	81	136	233	1	10.97	3.32
17	19	38	39	136	41	100	124	177	60	138	163	313	3	10.23	2.71
16	25	43	59	127	50	115	157	185	75	158	216	312	6	9.15	2.88
15	23	51	66	130	63	87	253	214	86	138	319	344	9	9.31	3.70
14	23	41	59	126	67	126	191	177	90	167	250	303	8	8.00	2.77
13	29	31	37	86	55	81	172	109	84	112	209	195	14	6.14	2.48
12	14	21	30	46	43	35	116	57	57	56	146	103	15	5.35	2.56
Totals	153	275	362	811	352	606	1108	1087	505	881	1470	1898	56	8.41	2.91

It may be that the longer time spent on inspecting and charting these mouths does give an increased importance to the occasion and the patient may thus be persuaded to get attention.

By doing detailed chartings each year the exact state of dental affairs becomes obvious. At present from a routine inspection only the number of children requiring treatment is noted—not the number of teeth needing attention. The aim of the school dental service is that as many children as possible leave school with sound and healthy dentitions; in areas where a good service has been available for many years, only the decay which has arisen in the past few months should require treatment. Thus the nearer this ideal is approached, the less will be the amount of work carried out on each child per year. When the ratio of teeth filled to teeth extracted is considered it should be remembered that in children of 8—11 years old many sound teeth are extracted, for instance, in most cases the extraction of an aching lower first molar should be accompanied by that of the upper first molar on the same side of the mouth. If, instead, two fillings are put in this upper first molar the fillings/extractions ratio is made much “better” but the patient’s dentition is made much worse. Since of all permanent teeth extracted in Rotherham Local Authority clinics, about 79% are these six year old molars, it may well be that Rotherham appears to compare unfavourably on this particular point with an area that persists in filling six year old molars even when these have drifted forwards and in a caries-prone patient. These teeth are generally lost fairly soon afterwards and apart from ruining the set of teeth as a chewing unit, cannot particularly impress the patient with the value of the fillings.

When comparing the output of work of private practitioners and that of Local Authority dentists it should be noted that the private man sees patients who are seeking him whereas the public dental surgeon can only increase his clientele from amongst people who are largely indifferent to treatment. The number of people remaining untreated in an area is thus a reasonable index of the success of Dental Health Education.

This it must be realised grows in a snowball-like manner through the efforts of health visitors, teachers, doctors and dentists using films, models (plaster), radio and television and from films, magazine articles and even advertisements for toothpaste and brushes. But I am sure that unless the individual is able to obtain dental treatment and that this is given in a kindly and effective way—avoiding fillings in carious milk molars which may still ache again in a short time—all the build up, posters and propaganda have “gone for a burton”—at least for that individual. While occasional dental health weeks may be very exciting, in these days when so many groups and societies have their “weeks,” perhaps there is something to be said for having 52 alike in the year. If we must have lectures and demonstrations to improve dental health education, undoubtedly the best people to organise these would be the ones who so successfully prevent the addition of fluorine to the drinking water.



In efforts to get in touch with those of the school population who steadfastly refuse any dental care apart from the odd extraction of an aching tooth, the notice to parents given out at a school dental inspection was revised and the detachable slip at the bottom of the form is intended to be returned via the Headteacher to the clinic, signed by the parent and indicating that he will get treatment for his child either privately or at the clinic. It is obvious that a successful dental scheme is very much dependent, in the first place at least, on the active interest and co-operation of the teachers.

At each routine inspection it is found out how many children require attention and at the end of the year we note how many have actually been treated at the clinics. A very interesting "league table" is produced in which Meadowhall (91.9) Roughwood Infants (91.2) and Kimberworth Infants (85.7) are in the top places. Various factors such as proximity to clinics, private practitioners, etc., affect these acceptance rates, but taken by and large they are an indication of the interest and co-operation of the teachers. The nearness to a private practitioner's surgery may well affect where the child goes for any dental treatment, purely on the grounds of expense involved in bus fares and the time taken in travelling to and from the clinics for often two bus journeys are required in each direction. It could be that in the future one clinic in the centre of town would be more useful with trailer caravan surgeries taken to the outlying schools. I should like to thank the teachers (were it possible, proportionately) for their assistance in promoting dental health during the 38 years I have been in Rotherham. However, it is hoped that the amount of dental treatment undertaken by the Local Authority clinics will be increased through even greater co-operation with the teachers.

Another point worth noting is that children who go abroad in parties from school should be dentally sound when setting out. At present they have a medical inspection when they are advised of the need for dental treatment, but the child often attends on the day before going.

As has been said, all the children are inspected and in Rotherham we have done ourselves some injustice compared with the national average in regard to many of the statistical returns. For instance we include as "requiring treatment" those children who we know perfectly well will attend their own dentist so that obviously our acceptance rate is adversely affected. If only selected sections of the school population are inspected—for instance children refusing treatment are excluded in some areas—an acceptance rate is obtained which does not give a true picture and if there is to be increased standardisation of the work done in Local Authority clinics the figures used must be more truly equated. There are many features regarding a public dental service which it is difficult, if not impossible, to translate into hours per week or points per session. These include "the rides in the chair," explanatory

talks to the child and its parents and all the items which go to build up their confidence in the dentist and if, in the coming computer age the success or not of a scheme is judged solely by calculable figures, my regrets at leaving the school dental service will be minimised. Actually, of course, the institution of a free National Health Service in 1948 largely removed the need for a School Dental Service and though the idealist dentists may be content and build up a good patient/dentist relationship with the children, this must come to an abrupt end on leaving school—this I think is an insoluble weakness in the structure of the school service. Whether it would be solved by public dental officers working on patients of all ages, at an agreed salary scale, in the clinics as health centres is open to doubt, because any nationalised service quickly becomes impersonal. The National Health Service is still evolving and changes being made but there must remain a Local Authority dental service because of the routine inspections of all the school children and these could well be of a more detailed nature than at present. Inspections and treatment of the patients referred from the Maternity and Child Welfare clinics will also presumably be still required.

Carrying out of all orthodontic treatment in the school clinics, even when the patients attended their own private practitioner for other aspects of treatment, could well be one modification of the dental side of the National Health Service. Dental Health Education will also continue to be mainly the concern of Local Authority clinics since only they come in contact with the people who are not great believers in dental care; those who already attend a private practitioner may be considered to be educated, at least, dental health wise.

Orthodontic treatment or the straightening of crooked teeth is an integral part of a school dentist's work and one in which they automatically acquire considerable knowledge and experience. The appreciation of this work in an area could be taken as another index of the success of dental health education, and since a great deal of such work is done in Rotherham it may be that we are making some progress in that, too. Again in orthodontic treatment it is often difficult to say when a case is definitely completed, for in a growing child the work is usually done in phases, over a period of years, perhaps with judicious extractions only and certainly the minimum use of appliances and these generally in the later stages of treatment. This long drawn out course of treatment may in the past have led to misinterpretation of the statistical returns made. However, in 1966 of 391 cases only 21 discontinued of their own accord, i.e., 5.3% compared with a national average of 22% so that, by doing more of this type of work, we seem to be also becoming adept in assessing the co-operation of our patients. That this treatment is available to any and all who desire it is surely more important, idealistically, than the percentage of treatments which lapse as appreciation and dental health education improve, so will this percentage decrease and 5.3 can be claimed as good. 173 patients out of the 391 were adjudged to have completed the treatment required at their respective ages.



The details of the treatment done in the dental clinics and laboratory can be seen from the appended tables and perhaps special mention should be made of an unusual appliance which was constructed in the workshop to enable a polio patient to use a typewriter. This was done in response to a request from a research team at Stoke Mandeville Hospital, who are using micro switches to magnify the effect of muscle power remaining in the fingers of such patients and so perform such things as typing, turning on the radio, indicator lights on a panel, etc., for themselves. An acrylic left arm and hand support was made, with eight light micro switch lever arms embedded to be conveniently operated by the patient's finger tips, moving up or downwards, maybe only a distance of 2-3 mms. The electrical leads from these switches are connected to the typewriter and by different combinations of any two, all the necessary letters, spacing, punctuation marks, etc., can be effected and the patient can now type at the rate of 25-30 words a minute.

In conclusion I would like to say how happy I have been during the 38 years I have worked in Rotherham and to hope that my successor will be equally happy and more successful.

Details of the denture work done and the types of orthodontic appliances made is listed below :

					1966	1965
Technician's half-day sessions	...	...	...	...	458	478
Assistant technician's half-day sessions	...	...	...	...	470	490
Full upper and lower dentures	...	...	Maternity	...	42	36
Full upper and part lower dentures	...	...	Maternity	...	8	16
			Schools	...	2	—
			Pre-school	...	—	4
Full upper or full lower dentures	...	...	Maternity	...	6	11
			Schools	...	1	—
			Pre-school	...	—	3
Part upper and part lower dentures	...	...	Maternity	...	6	30
			Schools	...	10	12
			Pre-school	...	2	—
Part dentures	...	...	Maternity	...	8	19
			Schools	...	68	117
			Pre-school	...	—	2
Relines and repairs to dentures	...	...	Maternity	...	50	44
			Schools	...	49	41
Jacket or post crowns	...	...	Schools	...	28	18
Inlays	...	...	Schools	...	5	14
No. of orthodontic appliances made (fixed and removable)	...	...	Schools	...	326	555
Fixed appliances	—Johnson twin arch	...	...	...	4	—
	Lower lingual bow	...	...	...	—	3
	Local pin and tube	...	...	...	2	4
	Inclined planes	...	...	...	—	22
Removable appliances—	Oral screen	...	...	...	1	1
	Schwartz plate	...	...	...	40	66
	Norwegian plate	...	...	...	3	3
	Badock screw plate	...	...	...	—	11
	Finger spring plate	...	...	...	110	187
	Retention plates	...	...	...	—	25
	Robert's retractors	...	...	...	11	4
	Canine retraction plates	...	...	...	32	66
	Modified Jackson plates	...	...	...	41	46
	Chin cap	...	...	...	—	2
	Apron spring plates	...	...	...	—	26
	Lateral arm plates	...	...	...	—	7
	Tongue barrier plates	...	...	...	—	1
	Y plates	...	...	...	—	4
	Landin screw plates	...	...	...	82	71
	Extra oral traction	...	...	...	—	6
	Repairs to orthodontic plates	...	...	...	55	49

The following table shows the details of the treatment given at the different clinics :

Clinic	Total atten- dances	No. of indiv- iduals treat- ed	Extractions		Fillings				Anaesthetics		Other opera- tions	No. of patients sup- plied with dentures
					Perm. teeth		Temp. teeth					
			Perm. teeth	Temp. teeth	No. of fill- ings	No. of teeth filled	No. of fill- ings	No. of teeth filled	Local	Gen- eral		
Cranworth Road ... Ferham	5876 8724	2423 3190	1083 1580	2488 3376	2780 3569	2256 3005	260 393	237 355	1103 1500	1505 2033	2567 3523	48 39
Total 1966 ...	14600	5613	2663	5864	6349	5261	653	592	2603	3538	6090	87
Total 1965 ...	15758	5300	2818	5622	5668	4950	673	623	2406	3472	7194	178

The following table gives details of treatment for the different groups of patients :

Group	Total atten- dances	No. of individ- uals treat- ed	Extractions		Fillings				Anaesthetics		Other opera- tions	No. of patients sup- plied with dentures
					Perm. teeth		Temp. teeth					
			Perm. teeth	Temp. teeth	No. of fill- ings	No. of teeth filled	No. of fill- ings	No. of teeth filled	Local	Gen- eral		
School children ...	13763	5165	2343	5286	6273	5191	609	556	2540	3197	5664	55
Pre-school children ...	434	323	—	578	—	—	44	36	1	265	136	2
Maternity ...	403	125	320	—	76	70	—	—	62	76	290	30
Total 1966 ...	14600	5613	2663	5864	6349	5621	653	592	2603	3538	6090	87
Total 1965 ...	15758	5300	2818	5622	5668	4950	673	623	2406	3472	7194	178

		1966	1965
Number of school children x-rayed ...	...	431	493
Number of x-ray films taken ...	...	934	1090
Number of maternity patients x-rayed ...	...	7	15
Number of x-ray films taken ...	...	9	19
Number of pre-school children x-rayed ...	...	—	—
Number of x-ray films taken ...	...	—	—

Table showing the results of routine inspections in age groups and of the 15 year olds at the different secondary schools :

AGE—	5	6	7	8	9	Total 5-9	10	11	12	13	14	Total 10-14	15+	15+		
														High and Grammar	Oakwood	Other Secondary Schools
Inspected ...	811	1374	1212	1260	1154	5811	1191	1228	1200	1180	1138	5937	1487	1040	844	3137
Sound ...	294	408	268	197	149	1316	160	213	248	227	202	1050	339	213	202	624
Percentage Sound ...	36.2	29.6	22.1	15.6	12.7	22.6	13.4	17.3	20.6	18.9	17.7	17.6	22.7	20.4	23.9	19.9
Sound at present ...	178	338	299	323	241	1379	170	93	33	16	11	323	5	3	—	49
Referred for Treatment ...	339	628	645	740	764	3116	861	922	919	937	925	4564	1143	824	642	2464
Percentage Referred ...	41.8	45.5	53.2	58.7	66.2	53.6	72.2	75.1	76.5	79.4	81.0	78.0	71.5	79.2	76.0	78.5

#### Orthodontic treatment

Dentist	Number of patients	Commenced 1966	Carried forward from 1965	Completed	Under treatment	Lapsed
A.	107	58	49	52	50	5
B.	58	22	36	22	33	3
C.	37	21	16	23	14	—
D.	77	42	35	26	45	6
E.	54	23	31	26	24	4
F.	58	44	14	24	31	3
Total	391	210	181	173	197	21

## HANDICAPPED PUPILS

The ascertainment and care of handicapped children residing within the County Borough continues within the framework of the Education Act, 1944, and the School Health Service and Handicapped Pupils Regulations, 1953.

The following table shows the number of handicapped pupils of the various categories on the register at 31st December, 1966 :

	In Residential Special Schools	In Day Special Schools	In Ordinary Day Schools	Not at School	Total
Blind ... ..	7	—	—	—	7
Partially sighted ...	—	3	1	—	4
Deaf ... ..	8	2	—	—	10
Partially hearing ...	—	2	20	—	22
Educationally sub-normal	6	81	21	—	108
Epileptic ... ..	1	3	—	—	4
Maladjusted ... ..	—	26	1	—	27
Physically handicapped ...	4	49	2	2	53
Speech defects ... ..	—	4	159	—	163
Delicate ... ..	2	56	3	—	61

### BLIND PUPILS.

Two boys and two girls attend the Sheffield School for Blind Children. One boy and one girl attends the Royal Normal College for the Blind, Shrewsbury, and one boy attends Henshaws School for the Blind, Manchester.

### PARTIALLY SIGHTED CHILDREN.

Three partially sighted children attend the Newman School, Rotherham.

### DEAF PUPILS.

Six children attend the Yorkshire Residential School for the Deaf, Doncaster, two boys and two girls attend the Maud Maxfield School for the Deaf, Sheffield.

### PARTIALLY HEARING PUPILS.

Two children attend the Newman School, Rotherham, and twenty children are attending ordinary schools. Twelve children wear hearing aids.



## EDUCATIONALLY SUB-NORMAL PUPILS.

As in previous years, children brought forward by Head Teachers and School Medical Officers as requiring ascertainment, together with those recommended for review, were examined during the year. 59 such children were examined and the following recommendations made :

	1966	1965
Reported to Local Authority as unsuitable for education at school ... ..	6	3
Recommended informal admission to Junior Training Centre ... ..	1	2
Recommended to continue attendance at Junior Training Centre ... ..	—	3
Special day school for E.S.N. pupils ... ..	11	4
Special day class for infant E.S.N. pupils ... ..	—	4
Further observation in ordinary day school ... ..	10	10
Remain at special day school ... ..	—	1
Remain at Newman School ... ..	—	5
Examined prior to leaving special school—for informal supervision... ..	8	10
Examined prior to leaving special school—no supervision required... ..	3	4
Not E.S.N. ... ..	7	4
Referred Child Guidance Clinic ... ..	1	1
Ordinary school with special tuition ... ..	11	13
Maladjusted, recommended Newman School ... ..	1	—

Two boys attend the Rossington Hall Special School for Educationally Sub-Normal Pupils, Nr. Doncaster, one boy attends Crowthorne School, Edgworth, Bolton. One girl and one boy attend Hilton Grange School, Old Bramhope, Nr. Leeds. One girl continues at the Camphill House School, Aberdeen.

## ABBEY DAY SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS

The junior and senior departments of the Abbey School continue in temporary residence at the former Park Street Secondary School buildings until such time as the new school at Kimberworth is completed.

In January, 1966, 85 pupils were on the roll.

During the year, 12 pupils left on reaching their 16th birthday, one left for employment shortly before reaching the age of 16. Three children left the district and one boy was reported to the Local Health Authority as unsuitable for education in school.

There were 12 new admissions and one re-admission to the school during 1966, bringing the total on the roll in December, 1966, to 81.

The general physical health of the children continues to be satisfactory.

**EPILEPTIC PUPILS.**

One girl attends St. Elizabeth's School, Much Hadham, Herts. Two boys and one girl attend the Newman School, Rotherham.

**MALADJUSTED PUPILS.**

Fifteen boys and nine girls were on the register of the Newman School, Rotherham, at the end of 1966.

**PHYSICALLY HANDICAPPED PUPILS.**

One girl continues at the Welburn Hall School, Kirbymoorside, and one boy and two girls attend Hesley Hall Special School, Tickhill. One girl being admitted to Hesley Hall School during the year.

Twenty-seven boys and twenty-two girls were on the register of the Newman School, Rotherham, at the end of the year.

**DELICATE PUPILS.**

Two boys attend Netherside Hall School, Skipton-in-Craven, one being admitted during 1966.

The number of delicate pupils on the register of the Newman School, Rotherham, at the year end was 36 boys and 20 girls.

NEWMAN SCHOOL

The following table records details of admissions and discharges during 1966 :

	Epileptic		Delicate		Physic'y handic'd		Partially sighted		Partially hearing		Mal-adjusted		Speech		E.S.N.		Total
	Bys.	Gls.	Bys.	Gls.	Bys.	Gls.	Bys.	Gls.	Bys.	Gls.	Bys.	Gls.	Bys.	Gls.	Bys.	Gls.	
Admitted 1966 ...	-	1	8	7	8	6	-	-	-	-	4	4	1	-	-	-	39
Discharged 1966 ...	-	1	4	7	3	3	-	-	2	1	1	1	-	-	-	-	23
Remaining on register at year end	2	1	36	20	27	22	3	-	1	1	15	11	3	1	-	-	143

The number of pupils at the school again approaches the maximum desirable. Maladjusted pupils now account for 18% of those on the roll and this trend requires careful scrutiny lest the distribution of handicaps, so far nicely balanced, become unevenly weighted. Increasingly the pressure for places is at the nursery end, where there is a waiting list, and here the problem is most severe. All classes are already over the maximum desirable size; this is a familiar problem in education generally but the whole function of special education can be threatened if the favourable teacher-pupil ratio is destroyed and if space is limited.

The open corridor has now been enclosed but, despite modifications to the heating system, classroom temperatures are still too low and this should be remedied.

The year saw the launching of an appeal towards funds for the hydrotherapy pool and it was particularly gratifying to observe and share the enthusiasm of the parents in this venture. At the end of the year the fund had almost reached £1,000.

## HOME TUITION

No child was receiving home tuition at the end of the year.

## SPEECH THERAPY SERVICE

### REPORT OF THE SPEECH THERAPIST.

The work in the Speech Therapy Department has continued along the pattern already laid down. One session each week being spent at the Abbey School, two at Newman School, one at Cranworth Road Clinic and the remainder at Ferham Clinic.

During the year twenty children were seen at Newman School; however a number of these needed only periodic attention. Three children are in the school because their speech difficulties make it impossible for them to cope with work in an ordinary school. The rest have speech difficulty as a part of a wider disorder, e.g., dysarthria in association with cerebral palsy, dyslalia with maladjustment and dyseneia as a result of hearing loss.

The number of patients referred during the year again shows an increase in each of the classifications.

#### CASES AND ATTENDANCES.

			Pre-school children	School children	Adults	Total
Total number of cases on register at 1/1/66	...	...	11	112	1	124
Total number of new cases referred	...	...	23	60	8	91
Total number of cases discharged	...	...	5	66	3	74
Total number of attendances	...	...	167	885	65	1,117
Number of school visits	...	...	...	...	...	63

#### CLASSIFICATION OF DEFECTS TREATED.

##### Dyslalia :

Multiple	...	...	...	...	...	13	107	—	120
Simple—One sound	...	...	...	...	...	—	2	—	2
Lateral sigmatism	...	...	...	...	...	—	2	—	2
Interdental sigmatism	...	...	...	...	...	—	7	—	7
Autistic	...	...	...	...	...	—	1	—	1
Cleft Palate	...	...	...	...	...	—	4	—	4
Hypernasality	...	...	...	...	...	—	4	—	4
Hypernasality and Dyslalia	...	...	...	...	...	—	2	—	2
Hyponasality	...	...	...	...	...	—	1	—	1
Dyseneia	...	...	...	...	...	—	3	—	3
Dysarthria	...	...	...	...	...	—	7	—	7
Dysarthria and Dyslalia	...	...	...	...	...	—	1	—	1
Dysphonia	...	...	...	...	...	—	—	2	2
Stammer	...	...	...	...	...	4	27	4	35
Stammer and Dyslalia	...	...	...	...	...	1	1	—	2
Dysphasia	...	...	...	...	...	—	—	2	2
Within normal...	...	...	...	...	...	—	6	—	6
Refused to attend	...	...	...	...	...	—	1	—	1
Not yet assessed	...	...	...	...	...	4	8	1	13

#### DETAILS OF DISCHARGES.

Speech normal...	...	...	...	...	...	2	25	—	27
Maximum possible improvement	...	...	...	...	...	—	10	—	10
Failed appointments	...	...	...	...	...	2	18	1	21
Not needing treatment	...	...	...	...	...	—	8	2	10
Left area	...	...	...	...	...	—	2	—	2
Refused treatment	...	...	...	...	...	1	2	—	3
Died	...	...	...	...	...	—	1	—	1

## INFECTIOUS DISEASES, IMMUNISATION AND B.C.G. VACCINATION

The appended table gives the numbers of the common infectious diseases in children between the ages of 5 and 15 years and shows the quarterly distribution of the cases. The totals for all ages are also given.

Disease	Cases occurring in 1966				Total 5 to 15 years	Total all ages
	1st quarter	2nd quarter	3rd quarter	4th quarter		
Acute encephalitis :						
Infective ... ..	-	-	-	-	-	-
Post infectious ... ..	-	-	-	-	-	-
Acute poliomyelitis :						
Paralytic ... ..	-	-	-	-	-	-
Non-paralytic ... ..	-	-	-	-	-	-
Diphtheria ... ..	-	-	-	-	-	-
Dysentery ... ..	-	1	-	-	1	4
Encephalitis lethargica ... ..	-	-	-	-	-	-
Erysipelas ... ..	-	-	-	-	-	1
Food poisoning ... ..	-	-	-	-	-	6
Measles ... ..	14	201	73	23	311	857
Meningococcal infection ... ..	-	-	-	-	-	-
Pneumonia ... ..	-	-	-	-	-	25
Scarlet fever ... ..	8	13	5	7	33	51
Typhoid and paratyphoid fevers ... ..	-	-	-	-	-	2
Whooping cough ... ..	2	2	2	7	13	45
Tuberculosis :						
Respiratory ... ..	-	-	-	-	-	11
Other forms ... ..	-	-	-	-	-	1

### DIPHTHERIA IMMUNISATION.

During the year, 187 school children received primary immunisation and 1,337 received booster injections.

At the end of the year 13,575 children between the ages of 5 and 16 years had been immunised. Of these, 4,981 had been immunised or received booster doses during the past five years.

No case of diphtheria in school children has been reported in the County Borough since March, 1952.

### B.C.G. VACCINATION.

During the year 1966 B.C.G. vaccination was offered to all 13-year-old children. The following table gives the results :



Number of eligible children ... ..	1,283
Total consents received ... ..	1,074
Acceptance rate ... ..	83.71 per cent
Number of positive reactors to tuberculin testing ... ..	178
Number of non-reactors to tuberculin testing ... ..	865
Percentage of positive reactors ... ..	17.07 per cent
Number of children given B.C.G. ... ..	865
Total number of absentees ... ..	31

## CHILDREN'S HOMES AND BOARDED-OUT CHILDREN

### MEDICAL RESPONSIBILITY.

All children are medically examined by a school medical officer on admission to and discharge from the Children's Homes. A certificate of fitness is issued to the Children's Officer in respect of any child who is to be boarded-out. A private medical practitioner continues to be responsible for the general medical services in respect of all the children.

99 children were seen during the year for periodic medical inspection and 173 examinations were made. Treatments were advised where necessary.

One child was admitted to Doncaster Gate Hospital, Rotherham, and one to the Middlewood Hospital, Sheffield, during the year. One child was admitted to St. Catherine's, Doncaster.

The general health of the children continues to be satisfactory.

### BOARDED-OUT CHILDREN.

130 boarded-out children were examined during 1966.

Defects were accorded appropriate treatment where necessary.

One child was admitted to Moorgate General Hospital, Rotherham, one to Doncaster Gate Hospital, Rotherham, and one to the Sheffield Children's Hospital during the year.

## CHILDREN AND YOUNG PERSONS ACT

34 children were examined during the year prior to admission to a remand home or approved school.

## EMPLOYMENT OF CHILDREN

During the year 45 boys and 9 girls were granted certificates of fitness for employment. The figures for 1965 were 96 and 16 respectively.

## COLLEGE ENTRANTS

In 1966, 75 candidates for admission to various training colleges and 16 candidates applying for employment as teachers, were examined by school medical officers. All candidates were found to be medically fit.

## SCHOOL JOURNEYS

During 1966, 244 children were examined prior to taking part in school journeys.

## CLINICS AND TREATMENT CENTRES

The following is a list of the school clinics and treatment centres provided, together with the sessional times :—

Address of clinic and sessions held	Times of sessions
<b>FERHAM CLINIC,</b> Kimberworth Road, Rotherham.	
Minor ailment, general inspection and treatment. Ophthalmic.	Mondays, Wednesdays and Fridays, 9.0 a.m. to 12.0 noon. Medical sessions—Mondays. Specialist's sessions — Tuesdays and Saturdays, 9.0 a.m. to 12.0 noon. Nurses re-inspection—as required.
Ear, nose and throat.	Specialist's sessions—Mondays, 2.0 p.m. to 5.0 p.m., Fridays, 10.30 a.m. to 12.30 p.m. Nurses treatment sessions—Mondays, Wednesdays and Fridays, 2.0 p.m. to 5.0 p.m.
Dental.	Mondays to Fridays, 9.0 a.m. to 12.0 noon and 2.0 to 5.0 p.m.; Saturdays, 9.0 a.m. to 12.0 noon.
Child guidance.	Psychiatrist—Wednesdays and Thursdays, 9.0 a.m. to 12.0 noon and 2.0 p.m. to 5.0 p.m. School Medical Officer—Wednesdays, 9.0 a.m. to 12.0 noon. Educational Psychologist—Wednesdays and Thursdays, 9.0 a.m. to 12.0 noon and 2.0 p.m. to 5.0 p.m. Additional sessions as required.
Chiropody.	Alternate Fridays, 9.0 a.m. to 12.0 noon.
Speech therapy.	Tuesdays, Wednesdays and Thursdays, 9.0 a.m. to 12.15 p.m. and 1.45 p.m. to 5.0 p.m.
Physiotherapy.	Wednesdays, 9.30 a.m. to 12.30 p.m. Fridays, 9.0 a.m. to 10.30 a.m.
Immunisation.	Tuesdays, 2.0 to 4.30 p.m.
<b>CRANWORTH ROAD CLINIC,</b> Cranworth Road, Rotherham.	
Minor ailment, general inspection and treatment.	Mondays, Wednesdays and Fridays, 9.0 a.m. to 12.0 noon. Medical sessions—Mondays.

Address of clinic and sessions held	Times of sessions
Ophthalmic. Physiotherapy.	Nurses re-inspections—as required. Mondays, 9.0 a.m. to 12.30 p.m. Tuesdays, 9.0 to 10.0 a.m. Wednesdays, 9.0 to 9.30 a.m. Thursdays, 9.0 to 10.0 a.m. Fridays, 10.30 a.m. to 12.0 noon.
Ear, nose and throat.	Nurses treatment sessions—Mondays, Wednesdays, 9.0 a.m. to 12.0 noon.
Dental.	Mondays to Fridays, 9.0 a.m. to 12.30 p.m. and 2.0 to 5.0 p.m.
Chiropody.	Alternate Fridays, 9.0 a.m. to 12.0 noon.
Speech therapy.	Mondays, 1.45 to 5.0 p.m.
Immunisation.	Wednesdays, 2.0 to 4.15 p.m.
<b>THORPE HESLEY CLINIC,</b> Thorpe Hesley Primary School, Upper Wortley Road, Rotherham.	
Minor ailment, general inspection and treatment.	Medical sessions—2nd and 4th Tuesdays in the month, 2.0 to 5.0 p.m. Nurses treatment sessions—Fridays, 2.0 to 5.0 p.m.
Immunisation.	2nd and 4th Tuesdays in the month, 2.0 to 5.0 p.m.
Speech therapy.	Fridays, 10.15 a.m. to 12.15 p.m.
<b>GREASBROUGH CLINIC,</b> Public Hall, Greasbrough, Rotherham.	
Minor ailment, general inspection and treatment.	Medical sessions—1st and 3rd Wednesdays in the month, 2.0 to 5.0 p.m. Nurses treatment sessions—Wednesdays, 2.0 to 5.0 p.m.
Immunisation.	1st and 3rd Wednesdays in the month, 2.0 to 5.0 p.m.
<b>BLACKBURN CLINIC,</b> Blackburn Primary School, Baring Road, Blackburn, Rotherham.	
Minor ailment, general inspection and treatment.	Medical sessions—2nd and 4th Wednesdays in the month, 2.0 to 5.0 p.m. Nurses treatment sessions—Wednesdays, 2.0 to 5.0 p.m.

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Address of clinic  
and sessions held

---

Times of sessions

---

HIGH GREAVE CLINIC,  
High Greave Primary School,  
High Greave Road,  
East Herringthorpe, Rotherham.

Minor ailment,  
general inspection  
and treatment.

Nurses treatment sessions—Mondays and Fridays,  
9.0 a.m. to 12.0 noon.

NEWMAN SCHOOL,  
Whiston, Rotherham.

Minor ailment,  
general inspection  
and treatment.

Immunisation.

Physiotherapy.

Speech therapy.

Medical sessions—as required.

Nurses treatment sessions—Mondays to Fridays,  
9.0 a.m. to 12.0 noon and 1.30 to 4.0 p.m.

As required—at medical sessions.

Tuesdays and Thursdays, 10.0 a.m. to 12.30 p.m.

Fridays, 9.0 a.m. to 12.30 p.m. and 2.0 p.m. to  
4.0 p.m.

ABBAY SCHOOL

Junior and Senior Departments,  
Park Street, Rotherham.

Minor ailment,  
general inspection  
and treatment.

Speech therapy.

Medical sessions—as required. Nurses treatment  
sessions—as required.

Mondays—9.0 a.m. to 12.0 noon.

ST. JOHN'S GREEN CLINIC,  
Kimberworth Park, Rotherham.

Minor ailment,  
general inspection  
and treatment.

Immunisation.

Medical sessions—Wednesdays, 9.0 a.m. to

12.30 p.m. Nurses treatment sessions—Wednesdays,  
9.0 a.m. to 12.0 noon.

As required—at medical sessions.

CANKLOW CLINIC,  
Canklow, Rotherham.

Medical sessions—Tuesdays, 2.0 p.m. to 4.0 p.m.



## SCHOOL MEALS SERVICE

ORGANISER OF SCHOOL MEALS : MISS N. TAYLOR.

In January this year the Department of Education and Science issued a new Circular 3/66 giving detailed recommendations of the quantities and types of food to be used in the provision of school dinners, to ensure the desired nutritional standard.

The report recommends that the number of main meals at which fresh meat is served should be reduced from the equivalent of four to three a week, but the portion of meat should be increased. To cater for the days on which meat is not served the quantity of other protein foods, such as cheese, eggs and fish, should be increased, and that in general the amount of dried milk, potatoes and cereals should be reduced. During part of this year cooks have planned meals according to the Circular 3/66, but our unit cost per meal is difficult to maintain.

The number of children partaking of a school meal has increased this year, some kitchens are really working under very great pressure. There has been a marked increase in the number of free dinners, they now amount to approximately one tenth of the meals served.

### REPLACEMENT OF EQUIPMENT.

The following schools have all been re-equipped with new stainless steel washing up and sterilizing sinks, and vegetable preparation sinks. A small hand washing basin has also been installed :—

Badsley Moor Lane School Kitchen.

Thornhill School Kitchen.

Newman School Kitchen.

Blackburn School Kitchen.

Greasbrough School Kitchen.

Ferham Road School Kitchen.

Newman School Kitchen opened in 1948 has had all the cooking equipment replaced this year.

Roughwood School Scullery—new stainless steel washing up and sterilizing sinks have been installed during the year.

### ROCKINGHAM SCHOOL.

A new Junior and Infant School was opened in September, the kitchen capacity is for 350 meals. At the moment we serve 245 meals in two sittings. Numbers are gradually increasing and soon the Infant Assembly Hall will be in use for dining as well as the small dining room.



ST. BERNARD'S R.C. SCHOOL.

School dinners at this school are a continuing problem. Three kitchen staff prepare half the meal in the small kitchen for an average 350 children and teaching staff. The vegetables are prepared and cooked at the High School and Badsley Moor Lane School Kitchens and transported in containers. 72 children walk along to St. Mary's Church Hall each day and eat dinners transported from the Grammar School. Larger provision at the new school premises, now programmed, will be much appreciated.

There are now 22 kitchens and 14 sculleries.

The following analysis shows the number of school dinners consumed during each quarter of the year. The marked increase is in the Junior and Infant School :—

1966				Number of Meals
January—March	...	...	...	565,296
April—June	...	...	...	460,534
July—September	...	...	...	328,308
October—December	...	...	...	555,456
				<hr/> 1,909,594 <hr/>

ADULT AND JUNIOR TRAINING CENTRES				
1966				Number of Meals
January—March	...	...	...	5,200
April—June	...	...	...	4,382
July—September	...	...	...	4,511
October—December	...	...	...	5,835
				<hr/> 19,928 <hr/>

The following table shows the number of meals supplied since 1956 :—

1956—1,263,553	1961—1,348,906
1957—1,111,848	1962—1,401,488
1958—1,212,734	1963—1,525,101
1959—1,242,702	1964—1,594,493
1960—1,288,816	1965—1,775,521

The figures of actual attendance compared with the dinner numbers show that over the year 75% of the children now have a school dinner.

1966	Average School attendance per day	Percentage of number on roll	Average Number of meals per day	Percentage
September ...	13805.8	92.7	9,952	72.09
October ...	13731.0	92.0	10,152	73.93
November ...	13629.3	91.3	10,214	74.95
December ...	13331.5	89.3	9,871	74.04
Average ...	13624.4	91.3	10,047	73.75
1965	13536.8	91.7	9,497	70.22

## PHYSICAL EDUCATION

ORGANISERS : MISS G. ELSWORTH, MR. J. BAILEY.

Development on the west side of the town included the completion of the Rockingham Primary Junior and Infant Schools, which opened to pupils in September. The promise of 1965, especially in secondary school facilities, was off-set in March with the enforced closure of Main Street Swimming Bath.

### PRIMARY SCHOOLS.

At the new Rockingham Primary Junior and Infant Schools, some fixed climbing apparatus was installed as well as a complement of portable apparatus. Two other Junior Schools, High Greave Road and Redscope, were also equipped with a unit of fixed apparatus.

In the Autumn Term, a three session course on "Games Training for Junior Schools" was held and well supported by teachers from the majority of schools. It is unfortunate that a number of schools are still limited by lack of adequate playing space.

### SECONDARY SCHOOLS.

Stability of staffing and familiarity with facilities made this a year of good progress. South Grove School, however, is still handicapped by not having changing facilities.

### SWIMMING.

The abrupt closure of Main Street Bath, declared unsafe for use in mid-March, was a tremendous blow to all schools. Schemes of work, built up over the winter months both in school and in after school sessions had to be abandoned, causing great disappointment to all.

Non-exclusive use during sessions at Sheffield Road Bath from May to July made it necessary to adapt the time-table and reduced effectiveness of the teaching to a very great extent. After school sessions were not possible and advanced training for Life Saving and Personal Safety awards could not be attempted.

Fortunately, with the start of the 1966/67 school year, the Baths Committee were able to offer exclusive use again, though for a limited period each day, so that regular teaching was again pursued. More junior schools took advantage of the Block teaching scheme, with most encouraging results.

The total of Education Committee Certificates awarded to schoolchildren was :—

Grade	I	II	III
	824	145	25

Prior to the closure of Main Street Baths, the following awards of the Royal Life Saving Society were gained :—

Instructor — 3.

Bronze Medallion — 55.

Intermediate Certificate — 17.

Free swimming vouchers were awarded to 11 boys and 5 girls.

#### ORGANISED GAMES AND ATHLETICS.

The use of pitches at Herringthorpe Playing Fields and Barker's Park continued.

Playing fields at Wingfield Secondary School, which should have offered every advantage of on-site accommodation, could be used very little because of inadequate drainage.

#### OUTDOOR PURSUITS.

Football tours were organised by the Grammar School to the London area, South Grove School to Scotland and Kimberworth School to Holland.

Parties from the Grammar School and Kimberworth School were taken ski-ing to Switzerland.

Camping holidays were arranged in the Isle of Man and Derbyshire by South Grove and Wingfield Schools respectively, whilst pupils from Old Hall School undertook a Youth Hostelling holiday in Wales and Spurley Hey School boys carried out local expeditions, camping and learning the fundamentals of map reading.

#### YOUTH COMMITTEE.

Recreational activities have included classes in keep-fit, soccer, rugby, basketball, badminton, tennis, weight lifting and judo together with competitions in soccer, cricket and five-a-side football.

Candidates of both sexes in training for the Duke of Edinburgh's Award Scheme at Bronze, Silver and Gold levels have participated in expeditions involving light-weight camping, field work and athletics: those aiming for the Gold Award have also completed a residential course away from Rotherham. Many individual pursuits, projects and a wide variety of activities in the public service section have been carried out successfully.

Approximately 120 young people and their leaders from various youth organisations visited Scotland at Whitsuntide. Three nights were spent by the banks of Loch Lomond and various expeditions for boating, fishing, hiking and camping were organised.

The following coaching groups were organised during the year:—

- |                              |                                      |
|------------------------------|--------------------------------------|
| 1. Association Football.     | 5. Tennis.                           |
| 2. Judo.                     | 6. Duke of Edinburgh's Award Scheme. |
| 3. Rugby Football.           | 7. Cricket.                          |
| 4. Swimming and Life Saving. |                                      |

DEPARTMENT OF EDUCATION AND SCIENCE  
MEDICAL INSPECTION AND TREATMENT

year ended 31st December, 1966

PART 1

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (Year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
1962 and later ...	68	68	—	—
1961 ... ..	473	473	—	—
1960 ... ..	606	606	—	—
1959 ... ..	118	118	—	—
1958 ... ..	89	89	—	—
1957 ... ..	100	100	—	263
1956 ... ..	78	78	—	444
1955 ... ..	61	61	—	127
1954 ... ..	65	65	—	3
1953 ... ..	50	50	—	1
1952 ... ..	69	69	—	286
1951 and earlier ...	464	464	—	505
Total ...	2241	2241	—	1629

Percentage satisfactory ... 100.0

Percentage unsatisfactory ... —



TABLE A—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (Year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1962 and later ...	2	8	10
1961 ... ..	30	109	124
1960 ... ..	32	161	168
1959 ... ..	6	37	40
1958 ... ..	9	25	30
1957 ... ..	8	31	37
1956 ... ..	10	25	26
1955 ... ..	13	21	31
1954 ... ..	14	17	26
1953 ... ..	11	17	24
1952 ... ..	11	14	24
1951 and earlier ...	97	75	152
Total ...	243	540	692

TABLE B—OTHER INSPECTIONS.

Number of special inspections	...	...	...	...	4,692
Number of re-inspections	...	...	...	...	9,158
				Total	13,844

TABLE C—INFESTATION WITH VERMIN.

Total number of examinations in the school by the school nurses or other authorised persons	...	...	...	...	...	...	...	...	26,106
Total number of individual pupils found to be infested	...	...	...	...	...	...	...	...	681
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	...	...	...	139
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	...	...	...	128

# PART II

## RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

TABLE A—PERIODIC INSPECTIONS.

Defect or disease	PERIODIC INSPECTIONS						TOTAL (including all other age groups inspected)	
	Entrants		Leavers		Others		Re- quiring treat- ment	Re- quiring observa- tion
	Re- quiring treat- ment	Re- quiring observa- tion	Re- quiring treat- ment	Re- quiring observa- tion	Re- quiring treat- ment	Re- quiring observa- tion		
Skin ... ..	49	62	18	10	25	24	92	96
Eyes—Vision ... ..	64	91	108	75	71	56	243	222
Squint ... ..	35	7	1	2	16	10	52	19
Other ... ..	4	8	1	—	3	4	8	12
Ears—Hearing ... ..	23	30	4	5	8	19	35	54
Otitis media	8	11	2	1	3	8	13	20
Other ... ..	4	13	1	—	4	—	9	13
Nose and throat ... ..	69	117	3	10	18	25	90	152
Speech ... ..	32	26	4	2	13	8	49	36
Lymphatic glands	5	91	2	3	3	29	10	123
Heart ... ..	3	24	1	7	1	7	5	38
Lungs ... ..	12	49	2	9	24	23	38	31
Developmental—								
Hernia ... ..	2	5	1	—	—	5	3	10
Other ... ..	7	68	3	12	14	33	24	113
Orthopaedic—								
Posture ... ..	7	5	8	2	13	5	28	12
Feet ... ..	14	15	18	8	15	10	47	33
Other ... ..	18	28	11	7	26	9	55	44
Nervous system—								
Epilepsy ... ..	7	10	1	—	6	2	14	12
Other ... ..	3	4	2	—	5	9	10	13
Psychological—								
Development ... ..	9	94	4	21	22	32	35	147
Stability ... ..	4	10	4	3	18	11	26	24
Abdomen ... ..	6	16	6	4	2	7	14	27
Other ... ..	29	92	10	4	13	9	52	105

TABLE B—SPECIAL INSPECTIONS.

Defect or Disease	SPECIAL INSPECTIONS	
	Requiring treatment	Requiring observation
Skin ... ..	908	103
Eyes—Vision ... ..	1,703	764
Squint ... ..	19	18
Other ... ..	76	12
Ears—Hearing ... ..	196	141
Otitis media ... ..	66	14
Other ... ..	127	7
Nose and throat ... ..	420	121
Speech ... ..	30	19
Lymphatic glands ... ..	19	85
Heart ... ..	2	14
Lungs ... ..	35	35
Development—		
Hernia ... ..	6	7
Other ... ..	36	130
Orthopaedic—		
Posture ... ..	36	6
Feet ... ..	43	24
Other ... ..	109	45
Nervous system—		
Epilepsy ... ..	4	1
Other ... ..	7	12
Psychological—		
Development ... ..	10	72
Stability ... ..	4	25
Abdomen ... ..	19	37
Other ... ..	1034	232

### PART III

## TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	81
Errors of refraction (including squint) ... ..	729
Total ... ..	810
Number of pupils for whom spectacles were :	
Prescribed ... ..	634

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear ... ..	47
(b) for adenoids and chronic tonsillitis ... ..	182
(c) for other nose and throat conditions ... ..	20
Received other forms of treatment ... ..	164
Total ... ..	413
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1966 ... ..	5
(b) in previous years ... ..	7

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
Pupils treated at clinics or out-patient departments ... ..	118
Pupils treated at school for postural defects ... ..	28
Total ... ..	146

TABLE D—DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table C of Part 1).

	Number of cases known to have been treated
Ringworm : (1) Scalp ... ..	—
(2) Body ... ..	—
Scabies ... ..	9
Impetigo ... ..	21
Other skin diseases ... ..	876
Total ... ..	906

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Number of pupils treated at child guidance clinics ... ..	113

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated
Number of pupils treated by speech therapist ... ..	163

TABLE G—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
Pupils with minor ailments ... ..	818
Pupils who received convalescent treatment under School Health Service arrangements ... ..	216
Pupils who received B.C.G. vaccination ... ..	865
Other treatments :	
Foot conditions ... ..	91
Bronchitis ... ..	36
Total ... ..	2026



# FORM 28M

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

### ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit ... ..	2,235	2,247	683	5,165
Subsequent visits ... ..	2,189	4,949	1,460	8,598
Total visits ... ..	4,424	7,196	2,143	13,763
Additional courses of treatment commenced ...	52	110	30	192
Fillings in permanent teeth ... ..	657	4,096	1,520	6,273
Fillings in deciduous teeth ... ..	568	41	—	609
Permanent teeth filled ... ..	517	3,333	1,341	5,191
Deciduous teeth filled ... ..	518	38	—	556
Permanent teeth extracted ... ..	510	1,508	325	2,343
Deciduous teeth extracted ... ..	4,057	1,229	—	5,286
General anaesthetics ... ..	1,883	1,150	164	3,197
Emergencies ... ..	579	310	52	941
Number of pupils x-rayed ... ..	...	...	...	431
Prophylaxis ... ..	...	...	...	1,390
Teeth otherwise conserved ... ..	...	...	...	5
Number of teeth root filled ... ..	...	...	...	9
Inlays ... ..	...	...	...	5
Crowns ... ..	...	...	...	28
Courses of treatment completed ... ..	...	...	...	3,360

### ORTHODONTICS

Cases remaining from previous year ... ..	...	...	...	...	181
New cases commenced during year ... ..	...	...	...	...	210
Cases completed during year ... ..	...	...	...	...	173
Cases discontinued during year... ..	...	...	...	...	21
No. of removable appliances fitted ... ..	...	...	...	...	320
No. of fixed appliances fitted ... ..	...	...	...	...	6
Pupils referred to Hospital Consultant ... ..	...	...	...	...	72

### PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)...	—	1	2	3
Pupils supplied with other dentures (first time)	3	25	24	52
Number of dentures supplied ... ..	5	38	38	81

## ANAESTHETICS

General anaesthetics administered by Dental Officers	...	...	...	...	3,197
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## INSPECTIONS

(a) First inspection at school. Number of pupils	...	...	...	...	11,419
(b) First inspection at clinic. Number of pupils	...	...	...	...	2,254
Number of (a) + (b) found to require treatment	...	...	...	...	11,270
Number of (a) + (b) offered treatment	...	...	...	...	9,592
(c) Pupils re-inspected at school clinic	...	...	...	...	2,619
Number of (c) found to require treatment	...	...	...	...	1,849

## SESSIONS

Sessions devoted to treatment	...	...	...	...	2,143
Sessions devoted to inspection	...	...	...	...	116
Sessions devoted to Dental Health Education	...	...	...	...	—

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